SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, JANUARY 18TH, 1913.

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THE INSURANCE SCHEME.

STATE SICKNESS INSURANCE COMMITTEE.

A MEETING of the State Sickness Insurance Committee appointed by the Special Representative Meeting on November 20th, 1912, was held at the house of the Association, 429, Strand, on Thursday, January 9th, Dr. J. A. MACDONALD in the chair. The members present were: *England and Wales:* Dr. R. M. Beaton (London), Dr. T. A. Helme (Manchester), Miss Frances Ivens, M.S. (Liverpool), Mr. Herbert Jones (Hereford), Dr. Constance E. Long (London), Dr. D. G. Thomson (Norwich), Mr. D. F. Todd (Sunderland), Mr. E. B. Turner (London), and Mr. E. H. Willock (Croydon). *Scotland:* Dr. J. Adams (Glasgow). *Ex officio:* The President (Sir James Barr), Mr. T. Jenner Verrall (Chairman of Representative Meetings), and Dr. Edwin Rayner (Treasurer).

APOLOGIES FOR ABSENCE.

Apologies for absence were read from Dr. J. S. Darling (Lurgan) and Dr. T. M. Carter (Bristol).

PRESS COMMITTEE.

The Press Committee appointed at the previous meeting reported the information it had issued to the press, and the Committee was instructed to draft a letter, based upon the statements, to members of the House of Commons, and to forward copies to the honorary secretaries of Divisions requesting them to send copies to each member of the Local Medical Insurance Committee, and to urge members of Divisions to interview personally members of the Local Insurance Committees thereon.

CAMPAIGN OF THE LONDON MEDICAL COMMITTEE.

A deputation from the London Medical Committee, consisting of Dr. BUTTAR and Mr. EVAN JONES, attended and gave a brief account of the campaign of the Committee, and explained the scheme of conditions and terms of service upon which the medical men in London would attend insured persons. The deputation pointed out that the two objects which the London Medical Committee had in mind in its campaign were the welfare of the community and the maintenance of a free profession; it desired all the assistance the Association could give it in carrying out its objects.

PRESSURE UPON PRACTITIONERS TO JOIN THE PANEL.

The correspondence from Wisbech published in the SUPPLEMENT of last week, p. 44, was read, and the Committee approved of the insertion in the JOURNAL of a warning notice stating that further information with regard to the matter should be obtained from the Secretary of the Isle of Ely Division (Dr. A. C. S. Waters, High Street, March, Cambridgeshire).

POSITION AS REGARDS FORMATION OF PANELS.

It was reported that the information received from the Secretaries of Divisions with regard to the formation of panels was at present incomplete, and the Chairman was authorized to receive further information, and base upon it a report for the Representative Meeting.

THE MANCHESTER SCHEME.

A communication was received from a correspondent in Manchester inquiring whether the Manchester scheme (published in the SUPPLEMENT of last week, January 11th, p. 50) was within the policy of the Association. A resolution was proposed to the effect that the inquirer should be informed that, while the Committee recognized that the Manchester scheme was a distinct improvement on the Regulations issued by the Commissioners, it was not convinced that the arrangements were within the policy of the Association; an amendment by Dr. HELME, inviting the Committee to express the opinion that the acceptance of service under the Manchester scheme did not violate the pledge and undertaking, was lost, and the original motion was carried.

COMPENSATION.

The Committee had before it several applications for compensation, but in one instance only found the information sufficiently complete to authorize it in making an offer of temporary assistance without prejudice.

NATIONAL INSURANCE PRACTITIONERS' ASSOCIATION.

A communication was read from the National Insurance Practitioners' Association (1) drawing attention to an article appearing in the *Daily Chronicle* on January 9th, 1913, referring to certain action taken by practitioners to persuade a practitioner to withdraw from the panel formed for Willesden; (2) drawing attention to a certain leaflet issued by the "London Insurance Committee" from 429, Strand; (3) stating that many members of the Practitioners' Association who were also members of the British Medical Association resented the degradation of the latter body by its supposed responsibility for action of the kind referred to; (4) asking for an immediate disclaimer of any responsibility of the British Medical Association for such proceedings and a repudiation in the name of such body; and (5) stating that in the absence of such disclaimer it was proposed through the press to call the attention of members of the British Medical Association to the action being taken in London directed from the office of the Association.

The Committee resolved to reply, pointing out that the London Medical Committee acted entirely on its own authority and responsibility, and that, so far as the Willesden incident was concerned, that particular area was outside the jurisdiction of the London Medical Committee, and that there was no evidence that the action was taken under the aegis of the British Medical Association.

ATTENDANCE UPON AGED AND DISABLED CLUB MEMBERS.

A communication was read from the honorary secretary of a Division stating that it was proposed locally to attend aged and disabled members of clubs at the old rates, and asking for advice. The Committee resolved to call the attention of the Division to the fact that an understanding was come to in October, 1911, between representatives of the Association and the friendly societies that the rates for insured persons should be paid also for attendance upon members of societies who at the time of the passing of the Act were over 65 years of age, or permanently disabled and thus debarred from medical benefit under the Act. It was resolved further to point out that such an understanding was in fact contained in Section 15 (2) (*e*), of the Act and in Regulation 51, which governed the question of the attendance upon such members.

SEAMEN'S NATIONAL INSURANCE SOCIETY.

The consideration of the question of the conditions of service of practitioners under the Seamen's National Insurance Society, arising out of communications from the Honorary Secretary (Dr. Morgan) of the Liverpool Provisional Local Medical Committee, and the President (Sir James Barr), was postponed.

NATIONAL MEDICAL UNION.

The Committee resolved to communicate to the Council of the Association the following resolution passed by the General and Executive Committees of the National Medical Union:

> That the Executive and General Committees offer the hearty support of the National Medical Union to the Council of the British Medical Association in its attitude of opposition to the formation of panels under the National Insurance Act, and suggest co-operation between the two bodies.

PUBLIC MEDICAL SERVICE SCHEMES.

The CHAIRMAN reported that he had since the last meeting approved on behalf of the Committee the following public medical service schemes with certain reservations in some places, and the Chairman's action was approved: Folkestone and District, West Sussex (Chichester, Worthing, Horsham, etc.), Southport, Llanelly, North Bedfordshire, New Malden and Coombe, Tunbridge Wells.

The CHAIRMAN also reported that he had approved on behalf of the Committee of the scale of fees for domiciliary treatment and attendance of tuberculous persons submitted by the Burnley Division, and his action was approved.

Meetings of Branches and Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

EAST ANGLIAN BRANCH:

SOUTH-EAST ESSEX DIVISION.

A MEETING of the medical practitioners of the district was held at Southend on January 6th, Dr. HARMON MORGAN in the chair.

The Panels and the Pledge.—The following resolution was carried with five dissentients:

> That in the opinion of this meeting the action of nearly every Division in going on the panels, forced thereto by the intimidation and threats of the Government, has rendered further refusal to follow the same course inadvisable, looking to the fact that the alternative of a whole-time Government medical service would mean ruin to many loyal men in the Division. This meeting therefore advises all practitioners to temporarily join the panels subject to the removal of the pledge by the British Medical Association on January 17th next, and to consider themselves bound to resign from the panels by giving notice before January 31st next, should the pledge be not removed by the Association.

A further resolution, that all the committee should join the panel, was carried unanimously.

Local Medical Committee.—The Provisional Local Medical Committee was elected *en bloc* to form the Local Medical Committee, and a vote of thanks to the Executive Committee for their work concluded the meeting.

GLASGOW AND WEST OF SCOTLAND BRANCH:

DUMBARTONSHIRE AND ARGYLLSHIRE DIVISION.

THIS Division met in Clydebank on January 3rd. Dr. JAS. WILSON presided, and thirteen members were present.

Previous Finding Rescinded.—It was unanimously agreed to rescind the motion passed at last meeting "to stand by the Association's decision on the question of refusing service under the Insurance Act."

Withdrawal of Undertaking and Pledge.—On the motion of Dr. W. S. YOUNG, seconded by Dr. CRAMB, it was decided to sign a formal notice of withdrawal—eleven of those present did so—and further to advise the Division as a whole to withdraw from the undertaking and pledge.

Representative's Report.—Dr. CRAMB made a short statement and answered questions. Thereafter discussion took place.

Insurance Act.—The SECRETARY reported that panels were completed in every part of Dumbartonshire, and that Local Medical Committees were formed in Clydebank, Dumbarton, and the western district of the county. He had endeavoured to get information as to Argyllshire, but without success.

Instructions to Representative.—It was unanimously resolved that Dr. Cramb vote in favour of releasing the profession from the undertaking and pledge. It was also resolved unanimously that he express the Division's disapproval of the British Medical Association's alternative to service under the Act as decided upon at the last Special Representative Meeting. It was decided (one dissentient):

> That Dr. Cramb be instructed to support the position taken up by the great majority of members of the British Medical Association in accepting service, and not to support any proposal which would weaken that position.

Central Defence Fund.—It was unanimously agreed:

> That the profession in this Division adhere to the guarantees already given.

Contract Practice among the Uninsured.—It was decided unanimously that the Secretary be instructed to notify every member of the profession practising in the Division area that the Division have resolved:

> That no contract practice be undertaken at rates lower than those accepted under the Insurance Act in each area (on a capitation basis without deductions, equivalent to 7s. 6d. without, 9s. with medicines); and further, that in all cases

patients should have free choice of doctor, doctors the right to refuse patients, and the income limit be the same as under the Act in each area.

Attendance upon Juvenile Members of Societies.—Dr. STRANG reported that the Clydebank Medical Association had formed a scheme as follows: Visits, 2s. 6d. with, 2s. without, medicines; consultations, 1s. 6d. with, 1s. without, medicines—the societies to be responsible for payment. This provisional scheme was approved.

METROPOLITAN COUNTIES BRANCH:

GREENWICH DIVISION.

AT a meeting of the old Greenwich Division, held on January 13th, the following resolution was carried by 64 votes to 6:

That we desire to instruct the Representative of the old Greenwich Division, comprising Greenwich, Deptford, and Lewisham, to express our opinion at the forthcoming meeting of the Representative Meeting of the British Medical Association on January 17th that until agreement to treat insured persons under the National Insurance Act are satisfactory to the medical profession as voiced by the British Medical Association, the undertaking of the pledge must be considered binding on those who have subscribed to them.

KENSINGTON DIVISION.

A MEETING of the Division was held at Kensington Town Hall on Monday, January 13th, at 4 p.m. Mr. E. B. TURNER was in the chair, and eighty members were present.

Minutes.—The minutes of the last meeting were read. Arising out of the minutes, Dr. MATTHEWS asked if the cardinal points were dead, and said he had gone on the panel because the Association had abandoned them. The CHAIRMAN replied that the cardinal points were still alive, and contested Dr. MATTHEWS's arguments. Dr. BECKETT-OVERY questioned the Chairman's statement in the minutes that panel doctors were obliged to take residue patients on their lists, whether they wanted to or not. The CHAIRMAN maintained that his statement was correct. The minutes were then confirmed.

Resignation of Representative.—Dr. Beckett-Overy's resignation as Representative was received with regret, and a vote of thanks for his past great services to the Division was put from the Chair and carried by acclamation.

Instruction of Representatives.—The following resolution, recommended by the Executive Committee for adoption by the Division as an instruction to Representatives, was read by the CHAIRMAN:

That while expressing the deepest sympathy with, and declining in any way to blame, those members of the profession who, although they had expressed to their professional neighbours their reluctance to break a promise, felt themselves compelled by economic pressure and the defection of their fellows to go on the panels, the Representative Meeting expresses the opinion that, until agreements to treat insured persons under the Act are satisfactory to the medical profession and in accordance with the declared policy of the Association, the undertaking and pledge must be considered as still binding on those who have subscribed to them.

Dr. BECKETT-OVERY moved a direct negative, seconded by Dr. BUTLER. Dr. WALSH OWEN proposed as an amendment that the first part of the resolution be deleted as far as the word "panels." A discussion took place, in which DRS. CULVER JAMES, MATTHEWS, HEAD, GREENE, MURRAY, WRIGHT, RAIMENT, BURNHILL, and ALEX. DAVIDSON took part, and the amendment, seconded by Dr. KINGDON, was put to the meeting and carried with one dissentient. The amendment then became the substantive motion, and, being put to the meeting, was carried with one dissentient and became an instruction to Representatives, as follows:

Motion by Kensington.

That this Representative Meeting expresses the opinion that, until agreements to treat insured persons under the Act are satisfactory to the medical profession and in accordance with the declared policy of the Association, the undertaking and pledge must be considered as still binding on those who have subscribed to them.

The CHAIRMAN then put the following resolution by the Executive Committee for submission to the Representative Meeting:

Motion by Kensington.

That it being evident that a very large number of the doctors who have gone on to the panels have been compelled to do so by fear of injury to their practices, which in some cases might even amount to actual financial ruin, the Representative Meeting directs that a letter be sent to every member of the medical profession, asking (1) if he is on the panel; (2) if so, whether he has taken service willingly or against his inclination owing to coercion; (3) whether, if he be not satisfied with the conditions both as to service and remuneration, he is prepared to decline to renew his contract for panel service at the termination of the provisional three months, provided that the other practitioners who have been induced to take service by similar methods do the same; (4) if he be not on the panel, whether he wishes to go on; and (5) whether he would be willing to undertake any whole or part-time appointment to treat insured persons under the Act.

Dr. CRAWFORD THOMSON seconded. The resolution was put and carried, and became an instruction to Representatives.

Appointment of Deputy Representatives.—Dr. Herbert Tanner was appointed Deputy Representative in the place of Dr. Beckett-Overy, and Dr. Crawford Thomson as Deputy Representative if required.

London Medical Committee.—The London Medical Committee's scheme of service was provisionally adopted.

NORTH OF ENGLAND BRANCH:

SUNDERLAND DIVISION.

A MEETING of this Division was held on January 11th. In the absence of the Chairman, Dr. MORGAN took the chair.

The Undertaking and Pledge.—Dr. TODD moved and Dr. BOYD CUNNINGHAM seconded:

That, owing to circumstances over which the medical profession has no control, the majority of those who had signed the undertaking and pledge have been forced to take provisional service for three months under the National Insurance Act, and, taking into consideration the different constructions which have been placed upon the resolutions of the last Representative Meeting, this Division considers that all those who have signed the undertaking and pledge are absolved.

Dr. DIX moved and Dr. RUSSELL seconded the following amendment:

That all members who have signed the pledge and undertaking be forthwith released from such pledge.

The amendment was carried; on its being put as the substantive motion, Dr. MODLIN moved and Dr. NEILAN seconded an amendment:

That, inasmuch as the last Representative Meeting abandoned one of the six cardinal points in advising the profession to approach the friendly societies, this Division considers the pledge was no longer binding.

This amendment was lost. Dr. ROWSTRON moved and Dr. MODLIN seconded an amendment:

That, owing to the altered circumstances, the pledge is no longer binding.

This amendment was lost, and Dr. DIX's amendment was carried as the substantive motion.

Policy for the Future.—Dr. TODD moved and Dr. DIX seconded, and it was unanimously carried:

That all steps be taken by the Association to safeguard the interests of the profession in the future and to ascertain what are the necessary amendments to the National Insurance Act and alterations in the Regulations to make the Act acceptable, in the truest sense of the word, to the profession and in the welfare of insured persons.

Special Representative Meeting.—Dr. MODLIN moved, Dr. DILLON seconded, and it was carried:

That in any other matters which may come up before the Representative Meeting, the Representative be allowed a free hand to vote as he may consider most advisable.

Dr. DILLON moved, Dr. SMITH seconded, and it was carried:

That, should Dr. Todd be unable to attend the Representative Meeting, Dr. Modlin be appointed as his deputy.

OXFORD AND READING BRANCH:

READING DIVISION.

A MEETING of the Division was held in the hospital library on Tuesday, January 14th, at 3.30 p.m. Dr. GORDON PATERSON was in the chair, and thirty-nine other members were present. Notice was given of the absence of the Chairman and Vice-Chairman of the Division.

Compensation.—After the minutes of the last meeting had been read and confirmed the SECRETARY stated that a late medical officer to the Amalgamated Friendly Societies Institute had applied for compensation from the Guarantee Fund—that he had recommended an immediate grant of £100 down and, if circumstances indicated, a further grant in the latter half of the year. Of this action the meeting approved.

Voluntary Hospitals.—The meeting then considered the resolutions of St. Bartholomew's Hospital with regard to the treatment of insured persons and others. It was stated that the Board of Management of the Royal Berkshire Hospital had already adopted these resolutions. After some discussion, it was proposed by the SECRETARY, seconded by Mr. BOKENHAM, and resolved:

> That Clause 4 is not compatible with the previous ruling of the Division to the effect that the old out-patient system should be remodelled.

The meeting agreed that this resolution should be sent at once to the chairman of the medical staff of the hospital.

Arrangements Made for Attendance on Insured Persons.

Mr. N. H. JOY then reported, as Secretary of the County Medical Committee, how far arrangements had been made in the county of Berks for the treatment of insured persons. No income limit had yet been settled, but it was hoped that it would be fixed at £2. The matter, he said, would be settled on February 1st. In the meantime, steps would be taken to keep on good terms with the friendly societies and the insured persons and also for the appointment of medical representatives to the Insurance Committees. No details had been arranged as to supplying insured persons with drugs, although medical benefit was due on the following day.

Following this report numerous members asked questions as to how they should deal with insured persons, none of the county members having yet received the required forms for registering, prescribing, or making reports.

The meeting then invited the Clerk to the County Insurance Committee to answer the questions raised.

Mr. P. NAPIER JONES reported that members in the Crowthorne district had declined to go on the panel. They had been invited to meet the Chairman of the County Committee in Reading, but had declined. The Chairman had gone to Crowthorne, and after much argument arrangements were made for insured persons to be treated for three months in the way most convenient to the practitioners concerned.

Mr. ROWLAND then reported that in Reading an income limit of 50s. weekly had been agreed upon by the Insurance Subcommittee and the Local Medical Committee, and that those persons unallotted to any doctor should be distributed by a committee consisting of five practitioners and five others.

Dr. JOYCE then reported a conference between the drug committee of the Medical Society and the Chemists' Association of Reading. A pharmacopoeia drawn up for the society had been submitted to the chemists.

Tea was then served, and soon after the CLERK TO THE INSURANCE COMMITTEE arrived. He was bombarded with questions, most of which he was quite unable to answer. He was expecting the various forms required every hour from head quarters; he could not on his own authority promise anything. He was, however, heartily thanked by the meeting for the very trying ordeal to which he had been subjected.

The Representative was then instructed as to how he should proceed at the forthcoming Representative Meeting. Only one instruction was given, in the limited time remaining, and that to the effect that the Representative Body should release unconditionally and absolutely those who had signed pledges.

It was agreed by several speakers that the Association had adopted too rigid a policy from the beginning, and that the signing of pledges based on such a policy had been a mistake.

SOUTH-EASTERN BRANCH:

BRIGHTON DIVISION.

AT a special meeting of the Brighton Division, held on January 9th, Dr. RYDING MARSH in the chair, at which forty members and fourteen visitors were present, the following resolutions were passed for submission to the Special Representative Meeting on January 17th:

Instructions to Representatives.

That the Representative Meeting declares that every medical practitioner is absolved from his undertakings and pledge.

That, in view of the facts that (*a*) the St. Bartholomew's Hospital regulations *re* insured persons can be made to cover that part of the pledge having reference to staffs of hospitals; (*b*) that those Divisions who adopt the Bradford rules can for themselves decide as to professional recognition; and (*c*) that the remainder of the pledge is now obsolete, the pledges as a whole be considered to be cancelled.

Future Policy of the Association.

That it be an instruction to the Council to use every possible means to strengthen the organization of the medical profession through the British Medical Association with a view to obtaining later through an amending Act such improvements in the National Insurance Act as will tend to make that Act a real benefit to the community, and one that will secure the cordial co-operation of the medical profession.

1. That in the opinion of this Representative Meeting there is no reason for departure from an attitude of uncompromising hostility to the existing conditions of service under the Insurance Act.
2. That the Representative Body now proceed to formulate the conditions for future action which would be likely to secure the adherence of all medical practitioners dissatisfied with the Act.

That it be an instruction to the Council, by means of a campaign amongst the staffs of voluntary hospitals, similar institutions, and otherwise, to take such action as will induce the Government to provide an efficient medical and surgical service for those insured for medical benefits under the National Insurance Act.

WEST SOMERSET BRANCH.

A SPECIAL general meeting was held at the Taunton and Somerset Hospital on Tuesday, January 14th, at which thirty-five members were present. The HONORARY SECRETARY read a telegram from the President that he was prevented from attending owing to illness. Mr. W. B. WINCKWORTH, Past-President, was elected to the chair.

Special Representative Meeting.—It was the general feeling of the meeting that the meeting of Representatives should return the pledges, and, after some discussion, the following resolution, proposed by Dr. A. E. JOSCELYNE and seconded by Mr. WATKINS, was unanimously passed:

> That this meeting of the West Somerset Branch recommends the meeting of Representatives to adopt this resolution:
>
> "That this meeting recognizes that, by whatever means the Insurance Commissioners have obtained a sufficient number of men to supply medical benefits to the insured, and also that in the present circumstances the men who would be penalized are those who hold that their undertaking and pledge are still binding, now absolve the members of the profession from their pledge."

A motion, proposed by Dr. MEREDITH and seconded by Dr. PENBERTHY, that a circular signed by Dr. Lauriston Shaw and others be allowed to lie on the table, was passed unanimously.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

A LIST of periodical publications, official reports, and Blue Books in the Library of the British Medical Association available for issue to members on loan has been printed, and copies can be obtained free on application to the Librarian, at the house of the Association, 429, Strand, W.C. The regulations governing the loan of these publications are stated in the introduction to the list.

The Library is open for consultation from 10 a.m. till 5 p.m. (on Saturdays till 2 p.m.).

MEMBERS ELECTED TO THE BRITISH MEDICAL ASSOCIATION

(AUGUST 16TH TO DECEMBER 31ST, 1912).

BY THE COUNCIL.

Barnardo, Frederick Adolphus Fleming, Captain I.M.S., M.A., M.B., Ch.B.
Garstin, Edward James Hamilton, Surgeon R.N., M.B., B.Ch., B.A.O.Dub.Univ.
Hancock, Eric Lawrence, M.B., B.S., C.S. "Norseman," Western Telegraph Co., Pernambuco, Brazil.
Holden, Frank Naldrett, L.R.C.S.I., L.R.C.P.I., Selimpopon, British North Borneo.
MacSweeny, Edmund George, L.R.C.P.and S. Edin., L.F.P.and S.G., 481, Main Street, Brockton, Mass., U.S.A.
Markham-Carter, Robert, Captain I.M.S., F.R.C.S., F.R.G.S., L.R.C.P., D.T.M.
Marshall, William Ernest, Fleet Surgeon R.N., M.R.C.S., L.R.C.P.
Parnell, Roderick Joseph Graham, Surgeon R.N., M.R.C.S.Eng., L.R.C.P.Lond.
Pratt, James John, Lieutenant-Colonel I.M.S., F.R.C.S.Eng.
Purvis, Murray, Lieutenant I.M.S., M.B., Ch.B.
Stiven, Harold Edward Sutherland, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Kasr-el-Ainy Hospital, Cairo, Egypt.

BY BRANCH COUNCILS.

Aberdeen Branch.

Brown, A. M., M.B., 101, Fountainball Road, Aberdeen
Farquhar, W. A. G., M.B., The Brae Cults, Aberdeen
Lucas, Geoffrey, M.B., Nordrach-on-Dee, Banchory
Verel, Raymond, M.B., 1, Alford Place, Aberdeen

Barbados Branch.

Hughes, Dunbar, Esq., Grenada

Bath and Bristol Branch.

Boyce, J. G., Esq., 17, Melrose Place, Clifton
Briscoe, J. R., M.B., Achill, Chippenham
Christofferson, E., Esq., Queen's Rd., Clifton
Davidson, James, M.B., Ferndale House, Two Mile Hill Road, Bristol
Eggleston, Henry, M.B., Brislington House, Keynsham, Bristol
Eskell, B. C., Esq., Hill House, Paulton
Evans, W. G., Esq., Beckington, near Bath
Hogan, W. L., Esq., 31, Westbury Rd., Bristol
Humphrys, H. E., Esq., Clevedon
Kay-Mouat, J. R., Esq., Church House, Bradford-on-Avon
Llewellyn, J. W., Esq., The Holmes, Kingswood, Bristol
Murray, W. H., Esq., Royal United Hospital, Bath
Semple, Allan, M.B., 31, Cricklade Road, Bishopston, Bristol

Birmingham Branch.

Arch, A. J., Esq., Foleshill Road, Coventry
Beasley, J. H., Esq., Highfield House, Blackheath, near Birmingham
Berry, H. M., M.B., 639, Bloxwich Road, Leamore, Walsall
Bodkin, R. J., Esq., 15, Belgrave Road, Edgbaston
Dixon, A. C., Esq., Kenmare House, Coventry
English, W. L., M.B., The Hospital, Coventry
Ford, E. G., M.B., Wolston, near Coventry
James, H. W., Esq., Bedworth
Lupton, Harry, Esq., Sedberg House, Stratford-on-Avon
Pittard, R. A., Esq., The Hospital, Coventry
Roberts, N. O., Esq., 1, Reginald Rd., Bearwood
Smith, Hugh, Esq., Castlecroft, Dudley
Thornhill, R. J. T., M.B., Craigmore, Moseley

Border Branch, South Africa.

Hartley, J. Victor, Esq., Castle Hill, Tsomo, Cape Province

Border Counties Branch.

Anderson, T. M., M.B., Crichton Royal Institution, Dumfries
Dawson, James, M.B., Newton Stewart
Dott, A., M.B., Gatehouse of Fleet
Greenwood, R. A., M.B., Royal Infirmary, Dumfries
Heard, A. G., M.B., 2, Cecil Street, Carlisle
McKerchar, John, M.B., Royal Infirmary, Dumfries
Marley-Cass, William, Esq., Attorgarth, Distington
Mitchell, Anne, M.B., Wanlockhead
Mitchell, Benjamin, M.B., 49, Main Street, Egremont
Muriel, G. J., Esq., Glenfield, Whitehaven
Tait, R. A., M.B., Penrose Hill, Moffat
Thackrah, C. H., Esq., The Poplars, Morland, Penrith
Tisdall, C. J., M.B., Crichton Royal Institution, Dumfries

Burma Branch.

Croly, D. T. H., Esq., Kalaw, Burma
McCarthy, D. T., M.B., Capt. R.A.M.C., Station Hospital, Mandalay

Cambridge and Huntingdon Branch.

Barnes, H. W., Esq., Addenbrooke's Hospital, Cambridge
Easmon, M. C. F., M.B., County Hospital, Huntingdon
Hay, J. W., M.B., Sutton, Isle of Ely
Hicks, C. E., Esq., 157A, High Street, Huntingdon
Spencer, G. W., Esq., Addenbrooke's Hospital, Cambridge

Cape of Good Hope—Eastern Province Branch.

Clayton, E. T., Esq., Reibeek East, Cape Colony

Cape of Good Hope—Western Province Branch.

Impey, C. V., M.B., South African Mutual Buildings, Darling Street, Cape Town
Ross, F. G. MacLeod, Esq., Matjesfontein
Thomson, Professor R. B., M.B., South African College, Cape Town

Ceylon Branch.

Lunn, John, M.B., Principal Civil Medical Officers' Office, Colombo
Sivasithamparam, C., Esq., Kalmunai, Batticaloa.
Wijegoonewardene, W., Esq., Avisawella

Connaught Branch.

Thompson, R. E., Esq., Eastland House, Tuam

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Association Notices.

QUARTERLY MEETING OF COUNCIL.

THE Quarterly Meeting of the Council will be held at Two o'clock in the afternoon of Wednesday, January 29th, in the Council Room at 429, Strand, London, W.C.

By Order,

GUY ELLISTON,
Financial Secretary and Business Manager.

January 9th, 1913.

ELECTION OF COUNCIL, 1912–13.

NOTICE is hereby given that nominations for a candidate for the election as a Member of Council by the Cambridge and Huntingdon, East Anglian, and South Midland Grouped Branches for the year 1912–13, must be forwarded to reach the Financial Secretary and Business Manager, at the Office of the Association, not later than Saturday, January 25th. Each nomination must be on the prescribed form, copies of which will be furnished by the Financial Secretary and Business Manager upon application.

Separate forms have been prepared:

(A) For a nomination by a Division, and

(B) For a nomination by any three Members of a Branch respectively.

Those applying are requested to state for which purpose the form is desired.

An announcement of the Nominations received will be made in the JOURNAL of February 1st, 1913.

Election will be by voting papers. These papers will contain the names of all duly nominated candidates, and will be issued from the Central Office on Monday, February 3rd, and will be returnable not later than Saturday, February 8th.

The result of the election will be published in the JOURNAL on or before February 15th, 1913.

By Order of the Council,

GUY ELLISTON,
Financial Secretary and Business Manager.

January 18th, 1913.

NOTICE OF FORMATION OF A NEW DIVISION OF THE ASSOCIATION.

New Kesteven Division: Adjustment of Areas of Boston and Spalding and Lincoln Divisions.

THE following changes have been made in accordance with the Regulations of the Association, and take effect from the date of publication of this notice:

That a new Division of the Association be formed, to be known as the Kesteven Division, of area coterminous with the area of the County of Kesteven, Lincolnshire, and that the areas of the existing Boston and Spalding and Lincoln Divisions be modified accordingly. The new Division shall form part of the Midland Branch.

Representation in Representative Body: The question of the mode of representation of the new Division in the Representative Body has been left to the Council. It is intended to apply to the Council for independent representation.

BRANCH AND DIVISION MEETINGS TO BE HELD

To ensure the insertion of notices in this column they must be received at the Central Offices of the Association not later than the first post on Tuesday.

LANCASHIRE AND CHESHIRE BRANCH: LIVERPOOL DIVISION.—The annual meeting of the Division will be held on January 31st. Business: (*a*) To receive annual report of the Executive Committee. (*b*) To elect officers. (*c*) To elect the Representatives of the Division on the Branch Council to take office after the next annual meeting of the Branch. (*d*) To elect the ordinary members of the Executive Committee. (*e*) To make new rules, or alter or repeal existing rules. (*f*) To elect Representatives at the Representative Meeting. (*g*) To transact any business that may be transacted at an ordinary meeting. —FRANCIS W. BAILEY, Honorary Secretary, 51A, Rodney Street, Liverpool.

METROPOLITAN COUNTIES BRANCH: GREENWICH AND DEPTFORD DIVISION.—A meeting of the Division will be held on Monday, January 20th, to Report Progress.—W. H. PAYNE, Honorary Secretary.

Hospitals and Asylums.

MIDDLESBROUGH COUNTY BOROUGH ASYLUM.

THE annual redort of Dr. John W. Geddes, the Medical Superintendent of this asylum, shows that on January 1st, 1911, there were 417 patients in residence, of whom 253 were chargeable to Middlesbrough, and on the last day of the year also 417, of whom 251 were Middlesbrough cases. The proportion of insane to the population of Middlesbrough, Dr. Geddes says, was 1 to 417.5, or 24 per 10,000, as compared with 1 to 269, or 37.12 per 10,000, for the whole of England and Wales. The total cases under care during the year numbered 495, and the average number daily resident was 418. During the year 78 were admitted, those belonging to the borough (54) showing an increase of 3 on those of last year. Of the total number 70 were direct admissions, and of these the attacks were first attacks within three months in 37, and of less than twelve months' duration in 13 more; not-first attacks within twelve months in 8, and in the remainder, including 2 congenital cases, the attacks were of more than twelve months' duration on admission.

The direct admissions were classified according to form of mental disorder into:—Mania of all forms, 27; recent melancholia, 7; senile dementia, 3; delusional insanity, 4; general paralysis of the insane, 12; insanity with epilepsy, 9; less common forms, 6; and congenital mental defect, 2. As to causation, alcohol was assigned in 12, acquired syphilis in 3, and other toxins in 8; diseases of the nervous system in 13 (epilepsy, 11); critical periods in 8; physiological defects and errors in 4; bodily trauma in 2, and mental stress in 17. An insane heredity was ascertained in only 8, and of alcoholism in 1. During the year 27 were discharged as recovered, giving a recovery-rate on the direct admissions, and also in and on the direct admissions of 38.57 per cent.; also 2 were discharged as not improved, and 49 died. The deaths, which gave a death-rate on the average daily number resident of 11.72 per cent., were due in 17 cases to nervous diseases, including 12 deaths from general paralysis; in 14 to diseases of the heart and blood vessels; in 2 to respiratory diseases; in 2 to gastro-intestinal diseases; in 4 to genito-urinary diseases, and in the remainder to general diseases, including 6 from pulmonary tuberculosis. No inquest was held during the year, the general health was good, and no infectious disease occurred.

BARNWOOD HOUSE HOSPITAL FOR THE INSANE.

THE annual report for the year 1911 of Dr. J. G. Soutar, the Medical Superintendent of this large hospital for private patients, shows that on January 1st, 1911, there were 153 certified patients in residence, and on the last day of the year 149. The total cases under treatment during the year numbered 187, and the average number daily resident 150. These numbers show a slight falling-off on those of the previous year and a more marked decrease on those of the Nineties. Probably Barnwood House shares with other institutions of its kind the marked effect of increased provision for private patients in county and borough asylums—a matter commented upon by the Lunacy Commissioners in their recently issued annual report. We note also that only 34 patients were admitted during 1911, as compared with 39 for the previous year. Of the 34 admissions, 25 were direct admissions and 9 indirect. Were it not for these indirect admissions, transferred from other asylums, Dr. Soutar says there would have been many empty beds in the hospital.

Of the direct admissions 17 were first attack and 8 not-first attack cases. In 10 the attacks were first attacks within three and in 6 more within twelve months of admission; in 8 not-first attacks within twelve months, in the remaining case the attack being of between five and ten years' duration. The direct admissions were classified according to the forms of mental disorder into: Recent mania, 5; recent melancholia, 18, and chronic melancholia, 1; and delusional insanity, 1. As to causation, alcohol was assigned in none, syphilis in 1, tuberculosis in 2 and other toxins in 2; nervous diseases in 2; various bodily affections in 5; and puberty, child-bearing, and bodily trauma in 1 each. Mental stress was assigned in 11, whilst an insane heredity was ascertained in 8 and a neurotic heredity in 3 more.

During the year 11 were discharged as recovered, giving a recovery-rate on the direct admissions of 44 per cent., or of recoveries in and on the direct admissions of 36 per cent.; also 4 were discharged as relieved and 14 as not improved. During the year also 9 died, giving a death-rate on the average numbers resident of 6 per cent., as compared with the average death-rate for this institution of 5.4 per cent. All deaths, with one exception, were due to natural causes, the exception being an old lady who was moribund on admission from injuries sustained by a fall, and who died within twenty-four hours after reception. No accident of any kind occurred during the year, and the general health appears to have been satisfactory. It should be added that during the year 4 patients were maintained gratuitously and 74 at less than the average rate, at a cost to the hospital of £2,961 12s. 4d.

WORCESTERSHIRE ASYLUM, BARNSLEY HALL, BROMSGROVE.

THE annual report for 1911 of Dr. Percy T. Hughes, the Medical Superintendent of this asylum, shows that on January 1st, 1911, there were 528 patients in residence, and on the last day of the year 590. The total cases under care during the year numbered 711, and the average number daily resident 537. During the year 183 were admitted, of whom 104 were direct and 79 indirect admissions, including 5 statutory readmissions. Of the direct admissions, in only 31 were the attacks first attacks within three months and in only 20 more within twelve months of admission; in 19 not-first attacks within twelve months, and in 34 the attacks, whether first or not, were of more than twelve months' duration on admission. So far as duration of disorder, therefore, was concerned, the admissions were of unfavourable character.

As to the forms of mental disorder, the direct admissions were classified into: Recent mania 8, and recurrent 2; recent melancholia 22, and chronic 2; senile and secondary dementia, 28; primary dementia, 15; systematized delusional insanity, 8; insanity with epilepsy, 6; general paralysis and insanity with grosser brain lesions, 2 each; confusional insanity, 3; stupor, 1; and congenital defect, 5. Turning to causation, alcohol was assigned in 12, drug habits in 2, syphilis in 6, and other toxins in 14; diseases of the nervous system (including epilepsy, 7) in 33; various bodily affections, of which cardio-vascular degeneration (33) was the most important, in 78; critical periods in 39; physiological defects and errors in 10; bodily trauma in 2; and mental stress in 32. An insane heredity was ascertained in 23, an alcoholic heredity in 15, and of other neuropathies in 18 more. Also congenital mental defect not amounting to imbecility was recorded in 26. During the year only 11, or 10.5 per cent. of the direct admissions, were discharged as recovered, the recoveries in the direct admissions giving a recovery-rate calculated on the direct admissions of 9.6 per cent. Also 52 were discharged as relieved and 7 as not improved. The large number discharged as relieved was occasioned by the Greater Birmingham Act, in accordance with which all cases belonging to Greater Birmingham likely to be discharged as recovered or relieved were transferred to the Birmingham City Asylum at Winson Green. During the year 51 died, giving a death-rate on the average number resident of 9.4 per cent. The deaths were due in 12 to nervous diseases, including 6 from general paralysis; in 14 to diseases of the heart and blood vessels; in 6 to diseases of the respiratory organs; in 3 to diseases of the gastro-intestinal organs; and in the remainder to general diseases, with only 5 from tuberculous diseases. All deaths were from natural causes with the exception of one case, in which the patient died from perforation of the bowel by a small piece of wood which had been swallowed.

The general health was good throughout the year.

National Insurance.

REPORTS OF LOCAL ACTION.

LONDON AND MIDDLESEX.

LONDON MEDICAL COMMITTEE.

THE London Medical Committee has during the past week continued with increased vigour the campaign which it began on January 3rd against the conditions of service offered by the National Insurance Act. Its operations were at once directed to bringing to the notice of insured persons their right under Section 15 (3) of the Act to be allowed to apply to the Committee to make their own arrangements for medical benefit. To further this end the Committee has issued several thousand posters, over one million leaflets, and hundreds of thousands of forms to be filled in by insured persons and sent to the Insurance Committee. Public meetings of the insured have already been held all over London, and over 5,000 of the London insured have subscribed to resolutions calling upon the Government to allow them to contract out. Similar meetings are to be held nightly all this and next week. These meetings have been well attended, the speakers have been listened to with attention, and the resolutions have been carried by overwhelming majorities.

The Committee has also taken care to correct misstatements in the press, and feels confident that it has had a decided effect on the London panels; it draws attention to the fact that the list published on Monday last contained fewer individual names than the Insurance Committee stated it had on January 4th. If no more be added in the next few days the Committee is satisfied with its work, and will go forward with renewed courage.

The London Insurance Committee published on January 14th a list of the medical practitioners who have accepted service under the Act. The lists contained 1,897 entries.

The London Medical Committee has prepared the following analysis of the lists, which, so far as it can discover at present, indicates the true state of the official lists:

Number of men actually on panel (excluding six unclassified) but including many who appear in the Middlesex list 738

This total is inflated in the official list in the following manner:

				Making an Official Total of
2 names appear	10	times	... ...	20
1 ,, ,,	8	,,	... ...	8
13 ,, ,,	7	,,	... ...	91
30 ,, ,,	6	,,	... ...	180
46 ,, ,,	5	,,	... ...	230
101 ,, ,,	4	,,	... ...	404
135 ,, ,,	3	,,	... ...	405
149 ,, ,,	2	,,	... ...	298
261 ,, ,,	1	,,	... ...	261
738				1,897

Mr. Masterman, in reply to Mr. Touche in the House of Commons on January 15th, stated that the total number of different doctors who had signed agreements to attend insured persons with the London Insurance Committee, and whose names had been issued on the borough lists, was 780. Some more names had been received since the lists were printed, and the number was nearly 800.

HAMPSTEAD.

MEETING OF THE INSURED.

A public meeting, one of a number being held in London for the purpose of explaining to insured persons the policy of the British Medical Association, took place at the Town Hall, Hampstead, on January 11th, under the auspices of the Provisional Medical Committee for the locality. Mr. HENRY CLARKE, a well-known resident, took the chair, and there was a considerable attendance of the public.

The CHAIRMAN spoke of the importance of free choice of doctor to the insured person, and quoted a speech by the Chancellor in the House of Commons last August in favour of the principle.

Dr. FORD ANDERSON moved the following resolution:

That this meeting is of opinion that those insured persons who apply for permission to make their own arrangements for medical benefit should be allowed to do so by the Insurance Committee, and thereby have secured to them free choice of doctor; and that a copy of this resolution be sent to the Chancellor of the Exchequer.

Dr. Ford Anderson stated the objections of the medical profession to the arrangements contemplated by the National Insurance Act to be that they involved loss of freedom, interference with conditions of service, and the absence of free choice of doctor. Medical men desired to see continued the system of medical attendance that had prevailed hitherto in this country by which the arrangement was a private one between doctor and patient. The British Medical Association had promulgated an alternative policy in regard to medical benefit. This having come to the ears of the authorities, many threats had been held out to cause the doctors to retire from the position they had taken up. As to the panels, there were 28,000 insured persons in Hampstead, and 26 doctors had gone on the panel; some of these did not reside in Hampstead, and, in his view, it was geographically impossible for them to attend to all the insured persons requiring treatment. Each man would have 1,077 patients allotted to him, but that was not so many as in Marylebone, where each doctor on the panel would be allotted 5,000 patients. He could imagine nothing more likely to benefit the community than that treatment under the Act should be given, not by doctors treating one class only, but by doctors attending all classes. The only way by which this could be accomplished was by adopting throughout the country the policy advocated by the British Medical Association. The best doctors in London would not go on the panel, but they had no objection to treating the insured under the scheme suggested by the Association.

The resolution was seconded by Mr. HEARD, who was introduced by the CHAIRMAN as an insured person.

Mr. E. B. TURNER, in supporting the resolution, spoke of the importance to a sick man of having a doctor he knew rather than one allotted to him; for that reason insured persons should do their utmost to see that the British Medical Association proposals were approved by the Commissioners and generally adopted. In order to obtain this consummation it was necessary for the insured to apply for permission to make their own arrangements. Mr. Turner emphasized the importance of sympathetic, individual treatment of patients, and urged that if medical men were on terms of freedom with the insured the attendance they gave would have far better results. He criticized some of the financial arrangements under the Act, and finally assured those present that there was no doubt that the money for medical benefit would be forthcoming even if they contracted out of the Act in the manner suggested by the British Medical Association.

Dr. BUTTAR declared that in London the panel was so limited it would not be possible to obtain free choice of doctor. If an insured person did choose a doctor on the panel, he would find that that medical man was so busy that he would not be able to give the attendance that the patient had the right to expect. On the other hand, the Insurance Committee said that if the insured person went to a non-panel doctor, that doctor would have to record the ailments of the patient, to keep accounts of all work done, and to submit to inspection of his methods to ensure that the treatment was not inferior to that which would be obtained from a panel doctor. As the medical profession would not tolerate that, the insured would be thrown back on panel doctors of whom they knew nothing. Dr. Buttar pointed out the difficult state of affairs that would arise if the insured desired the panel doctors to attend their dependants. In London there were 750 doctors on the panel and 1½ million insured persons. Dependants would probably bring the total to 3½ millions, and for the panel doctors to attend that number would mean 5,000 patients per man.

Questions being invited, a gentleman suggested that as all those on the list of any doctor would not require treatment, Dr. Buttar's figures should be modified to some extent. He also thought that the doctors should be allowed to engage assistants from college. He added

that if the medical profession as a whole would go on the panels the insured would have free choice of doctor. For his part, if he were an insured person and he found that his own medical man had not gone on the panel, he would say, "I am sorry, but if you will not do your duty by the State I must choose another doctor."

Mr. E. B. TURNER, replying to the points raised by the speaker, quoted from Mr. Lloyd George's speeches to show that he had expressed strong disapproval of the general employment of assistants. He also alluded to the Chancellor's initial error in not consulting the medical profession until the bill was just about to be introduced in Parliament.

After some further discussion the resolution was put to the meeting, and carried with only three or four dissentients.

MEETING OF THE PROFESSION.

A meeting of the profession was held at the Central Library, Finchley Road, on January 9th, at 4.30 p.m. Dr. FORD ANDERSON was in the chair, and thirty-one members were present. The minutes of the last meeting were read and confirmed.

Dr. FORD ANDERSON, in a speech from the chair, introduced the subject of the London campaign carried on by the Medical Committee for London, and he was followed by Dr. GORDON LANE, who informed the meeting of what had been done up to the present time. He described the organization of the Committee and the methods by which the Local Committee could keep in touch and carry on the work in Hampstead. He also answered various questions, and made clear the position of men who had gone on the panel and who were desirous of coming off, and gave the ruling of counsel on the questions of the agreements with the Insurance Committee and of the right of the insured to apply to contract out. It was moved from the chair:

That we, the members of the medical profession in meeting assembled on January 9th at Hampstead, are of opinion that we should act in the best interests of the insured and also of the profession by adhering firmly to the attitude suggested to us by the Medical Committee for London.

This was carried unanimously, and also that it should be sent to the press.

Upon the information that Dr. Claude Taylor had been appointed Vice-Chairman of the London County Medical Committee, Dr. ARCHER moved and Dr. MACNAUGHTON-JONES seconded:

That, whereas Dr. Claude Taylor has been appointed Vice-Chairman of the London County Medical Committee, a committee elected from doctors on the panels in London, and whereas his action is directly opposed to the interests of the profession in Hampstead, this meeting of medical practitioners in Hampstead calls upon him to resign his membership of the Hampstead Provisional Medical Committee.

This was carried, there being one dissentient.

A vote of thanks to Dr. Gordon Lane was carried by acclamation.

MEETING OF PROVISIONAL MEDICAL COMMITTEE.

A meeting of the Hampstead Provisional Medical Committee was held at 41, Belsize Park, on Thursday, January 9th, at 8.30 p.m. Dr. FORD ANDERSON was in the chair, and fourteen members were present. The confirmation of the minutes was deferred, as they were in the press.

A letter from Dr. Whitby was read referring to his position with regard to his relation with men on the panel in Coventry, and the Honorary Secretary was instructed to reply to the effect that he should wait until the Special Representative Meeting on January 17th.

On receiving the resignation of Dr. Claude Taylor, the Committee elected Dr. H. Sharman to fill the vacancy.

Upon information received that the Hampstead Provident Dispensary had applied to become an approved institution under Section 15, paragraph 4, of the Insurance Act, the medical staff were invited to attend and discuss the situation.

It was moved by Dr. OAKLEY, seconded by Dr. ARCHER, and carried unanimously:

That this Provisional Medical Committee considers that any provident dispensary becoming an approved institution under Section 15, paragraph 4, thereby comes under the National Insurance Act, and the medical officers of such a dispensary cannot, compatibly with the policy of the Association, attend to insured persons.

It was moved by Dr. OPPENHEIMER, and seconded by Dr. ARCHER, that a copy of the resolution be sent to the Hampstead Provident Dispensary. This was carried unanimously.

The Public Medical Service Scheme approved by the London Medical Committee was considered, and paragraphs 1 to 7 were approved.

Dr. BARNETT moved, Dr. ARCHER seconded, and it was carried *nemine contradicente*, that paragraph 7 be amended as follows:

That the list of exceptions be decided upon locally.

Paragraph 8 was then approved, whereupon it was resolved to proceed to the next business.

Dr. PURDIE, having been invited to attend, explained his reasons for going on the panel. The question of resignation from the panels was also discussed with Dr. PIDCOCK and Dr. TEBB, the two members of the medical staff of the Hampstead Dispensary who had gone on the panel in Hampstead.

WILLESDEN.

A special emergency meeting of the profession, arranged by the Willesden Division of the Metropolitan Counties Branch, was held at St. Andrew's Schools, Willesden Green, on Saturday, January 4th, at 9 p.m. Although less than twelve hours' notice of the meeting was given, sixty-one attended. Dr. CORAM JAMES was in the chair, and the minutes of the last meeting were taken as read.

Representative Meeting.

The notice that a Special Representative Meeting had been requisitioned for January 17th, to consider the question of releasing men from their pledge, was read, and it was decided to call a special meeting on Monday, January 13th, to instruct the Representative and to decide what motions, if any, should be sent to that meeting for decision or consideration.

Central Insurance Fund.

An appeal was made on behalf of the Central Insurance Defence Fund, and a very gratifying response was received.

Contracting Out.

The alternative policy of insisting on contracting out being allowed by the Commissioners, and by inducing the insured to demand their rights, was explained.

Interview with Chairman of Middlesex Insurance Committee.

Drs. MACEVOY, ARMITAGE, SKENE, and SODEN then gave an account of the interview they had had the previous evening with Mr. Glyn Jones, M.P., Chairman of the Middlesex Insurance Committee, and explained what had been decided by that Committee in the event of there being an inefficient panel in the district.

Dr. SNOWMAN moved and Dr. SKENE seconded *pro formâ*:

That the Local Medical Committee be empowered to arrange forthwith with a sufficient number of members reluctantly willing to work under the Act, so as to ensure the formation of an adequate panel for Willesden.

The following amendment was moved by Dr. STOCKER and seconded by Dr. MACDONALD:

That to save from absolute ruin many of our fellow practitioners, and to retain for them their just and legitimate rights which are threatened by the tyrannical abuse of political power, we can no longer justly condemn those who are forced in self-preservation to go on the panel; but we accept this attitude with feelings of bitter animosity against the Government's method in violating the liberty of action of our profession, and we pledge ourselves to take every opportunity to improve the position of our fellow practitioners unwillingly coerced to serve under the Act.

The original motion was by consent withdrawn, and the amendment put as a substantive motion. Sixteen of those present joined in the discussion, and on being put to the vote the motion was carried by 37 votes to 4.

TOWER HAMLETS.

Protest Meeting.

A meeting of the medical practitioners in the Tower Hamlets area was held in the Limehouse Vestry Hall, on January 10th, for the purpose of protesting against the methods of the Chancellor of the Exchequer *re* the Insurance Act. Dr. THOMAS occupied the chair, and nineteen

members and ten non-members were present. This small attendance was no doubt due to the fact that a meeting of the practitioners who had gone on the panel was summoned by telegram late on the previous night, to take place at the same time in Shoreditch Town Hall.

Dr. PAXTON, who has gone on the panel, moved the following resolution:

> That this meeting of medical practitioners in Poplar and Stepney protests against the unfair statements made by the Chancellor of the Exchequer for the purpose of coercing medical practitioners to serve on the panels, which have resulted in many men in this district signing the agreement to take service under the Act against their better judgement and through fear of grave financial loss.

Dr. TOOKER, who has also gone on the panel, seconded the resolution.

Mr. E. B. TURNER, Drs. EVAN JONES, MAJOR GREENWOOD, F. J. SMITH, and BRATON, who had been invited to address the meeting, spoke strongly in support of the motion. Drs. MICHAEL, CHISNELL, and TOLAND also addressed the meeting.

On the motion being put to the vote it was declared to be carried unanimously.

PANELS AND CONTRACTING OUT.

The following official statement has been issued by the London Insurance Committee:

In the whole of London south of the Thames the Committee are satisfied that the names which they have received of practitioners to be placed upon the panel are sufficient to provide a medical service adequate in every respect for the needs of the insured persons in that area. Over the greater part of the area north of the Thames adequate panels have been secured. But in certain areas there is some doubt whether the number of practitioners willing to place their names on the panel will be sufficient to secure a service adequate in all respects. In such areas the Committee propose to confer with those doctors who have already placed their names upon the panel, and, if necessary, after this consultation, will apply to the Commission for sanction to take any measures which may be necessary to ensure that every insured person in those areas will receive adequate medical attendance and treatment.

The Committee have received a certain number of printed forms purporting to express a wish on behalf of insured persons to be allowed to make their own arrangements with doctors outside the list of those doctors who are advertised as accepting service under the Act on the normal panel system. The intention of the Act is only to allow arrangements of this nature as exceptions to the general course, where the special circumstances of the insured person justify it. The Insurance Committee will, in due course, consider every application by an insured person to make his own arrangements upon its merits, and for that purpose it will be necessary for every such person to furnish the Committee, in order that they may be able to deal with the matter, with such information as to the special circumstances of his case as is necessary to satisfy them that the application should be granted. If in any case an insured person is allowed to make his own arrangements it will be necessary, as a condition of the making of any contribution by the Committee towards the cost of his treatment, that the doctor with whom the arrangement is made should furnish reports and give certificates similar to those given by the panel doctors, and that the Insurance Committee should have facilities for ascertaining that the conditions of service and medical treatment are not inferior to those given on the normal panel system. In order that insured persons should not be led into making arrangements which the Insurance Committee will be unable to regard as justifying a contribution from them, it will further be necessary that such doctor should furnish the Committee with evidence that he is prepared to, and can, comply with these conditions. In considering the matter generally, the Insurance Committee will take into consideration the general effect upon the administration of medical benefit in the area.

MANIFESTO BY APPROVED SOCIETIES.

The following warning to members of approved societies has been issued. It is signed by representatives of the Prudential Approved Societies, General Federation of Trade Unions, National Conference of Friendly Societies, National Amalgamated Approved Society, Trade Union Congress, and the Liverpool Victoria Approved Society:

The undersigned representatives of approved societies, whose members comprise almost the whole body of insured persons, have had their attention called to the movement being organized by a London committee of medical men to obtain the control of medical benefit for doctors who decline to go on the panels, and who desire to have the work on their own terms.

The medical committee referred to endeavours to induce acceptance of its proposals by promising free choice of doctor, but this is guaranteed already by the Act, and it must be borne in mind that where there are exceptional cases requiring special treatment the approved societies would advise their members, and, when requested, make representation to the Insurance Committees. The special circumstances of the insured persons would thus be properly considered, and their interests amply safeguarded.

According to their own view of income limit these doctors would admit or exclude members from medical benefit, they would themselves decide all complaints, and the insured would be required to pay out of their own pockets any additional charges imposed upon them by the doctors, the members having no voice whatever in the matter. We warn our members against this attempt, which we consider injurious to their best interests and to those of the societies to which they belong.

MIDDLESEX INSURANCE COMMITTEE.

The Middlesex Insurance Committtee is not finding the establishment of panels in its districts altogether plain sailing. A meeting of medical men who had up to that time consented to serve was held on December 24th, 1912, when a temporary medical committee was appointed. Another meeting was held on the afternoon of Friday, January 10th. It was a non-statutory meeting, and the invitation to attend was accompanied by a circular stating that the lists of medical practitioners on the County of Middlesex panel would be published in book form, containing a list of practitioners for the whole county arranged in alphabetical order, and a separate list for each of the districts. The recipient was informed that his name would appear on as many districts as he desired. At the meeting, which was private, a discussion took place, and we understand that the information elicited included the following statements made by the chairman of the Committee:

1. No list of insured persons available for the inspection of doctors whom they have chosen will be issued before March 31st.
2. The choice of doctor is subject to the consent of the doctor to accept the insured person. This consent can be given or withheld in every individual case.
3. The doctor's consent cannot be given until he has scrutinized the list of insured persons who have chosen him.
4. The doctor can withhold his consent from taking on every individual applicant if in his opinion he is undesirable.
5. An insured person cannot claim attendance from a doctor unless that doctor has endorsed his pink card.
6. The pink card promises to the insured person medical attendance (if required) to April 30th. The so-called agreement with the Middlesex Insurance Committee lapses on April 14th. Therefore for the sixteen succeeding days no medical attendance is provided for.
7. The Middlesex Insurance Committee believes that the so-called agreement is binding, but that such a contract would be more strictly in legal order and valid if (*a*) the signature were duly attested and countersigned by a witness; (*b*) the names and descriptions of the Middlesex Insurance Committee were given and attached as the other contracting party; (*c*) that two agreements were prepared, one for each of the contracting parties; (*d*) that the amount of the "consideration" money should be distinctly stated, and not left blank.

LIVERPOOL.

NORTHERN ASSOCIATION OF MEDICAL WOMEN.

At a meeting of the Northern Association of Medical Women at Liverpool on January 11th the following resolutions were passed unanimously:

> 1. That this meeting, while not condemning those practitioners who for economic reasons have gone on the panel, expresses its sympathy with those who would not break their pledge, and considers they should be released. This meeting further urges all its members to loyally support, both financially and otherwise, the British Medical

Association in the united action necessary for ultimate success.

2. That inasmuch as the patients of medical women are frequently scattered over a wide area, special facilities should be given by the Insurance Committees to such insured persons to make their own arrangements.

Dr. CATHERINE CHISHOLM, of Manchester, was in the chair, and representatives from Leeds, Manchester, Preston, Wrexham, Liverpool, and Birkenhead were present. Reports were also received from members in Bolton, Chester, Oldham, Hull, Sheffield, Buxton, Colwyn Bay, Kendal, Halifax, and Wakefield.

WEST BROMWICH.

At a meeting of the West Bromwich Insurance Committee on January 8th, under the chairmanship of the Mayor, it was announced that Drs. H. B. W. Plummer, Langley Browne, and Alexander had been elected to represent the medical men practising in the borough, and Dr. A. S. Underhill as the representative of the town council; their names were added to the Medical Benefit Subcommittee. A report from this subcommittee stated that agreements had been entered into for the period ending April 14th, 1913, with thirty-three medical practitioners, fourteen of whom were resident within the area and the remainder in areas adjacent thereto; three practitioners within the area and one residing outside had declined to accept service. The agreement had been entered into on a capitation basis, the scale of remuneration, including domiciliary treatment of insured persons suffering from tuberculosis, being fixed at 1s. 9d. for the quarter ending April 14th. Thirteen agreements had been entered into with chemists to supply drugs and appliances and three with contractors to supply drugs (other than scheduled poisons and medicines which require to be dispensed) and appliances. The committee accepted the sum of 6s. per insured person in respect of deposit contributors for the cost of medical benefit. A Medical Service Subcommittee for dealing with any disputes which may arise between insured persons and the practitioners attending was elected by the representatives of the insured persons.

IRELAND.

DUBLIN HOSPITALS AND MATERNITY BENEFIT.

It will be remembered that when the clauses of the Insurance Bill were first published considerable apprehension was felt by the maternity hospitals in Dublin lest their work would be interfered with by the provisions as to maternity benefits. Action was immediately taken, and a deputation from the three maternity hospitals explained the peculiar position of Dublin in this respect to the insurance authorities. These hospitals, by making use of the services of medical students and pupil midwives, are able to place at the service of every poor woman in or near the city the best possible advice, and nearly half the births in the Dublin metropolitan area are attended by one or other of these hospitals. These hospitals were recently informed that the Regulations about to be issued would safeguard their interests and prevent any interference with the education of medical students and midwives. Women will not lose any of the benefit by entering hospital, unless some arrangement has been made by the friendly society or Insurance Committee to pay a proportion of the benefit to the hospital. In such cases the balance will be paid to the husband or the woman herself. In the case of patients attended by the extern department the Regulations will not prohibit the payment of the full benefit.

HOSPITALS.

LONDON.

AT a meeting last week of the Central Hospital Council for London, attended by representatives of twelve of the principal London hospitals, it was decided to approve generally the system suggested by St. Bartholomew's Hospital for dealing with insured patients (SUPPLEMENT to the BRITISH MEDICAL JOURNAL, December 28th, 1912, p. 725), leaving it to each hospital to make any minor modifications that experience might show to be necessary.

The Committee of the London Hospital has issued the following rules:

On and after January 15th, 1913, no insured person suffering from ailments of such a nature as can be treated by "a general practitioner of average ability" will be treated at this hospital.

Should an "insurance doctor" desire consultative advice in the case of an insured person the House Committee agree to such advice being given, provided that the "insurance doctor" makes his request in writing. The patient subsequently will be referred back to the "insurance doctor" for treatment.

Should an "insurance doctor" consider that an insured person requires treatment which it is not in the power of a "general practitioner of average ability" to give (such as surgical operation, skilled nursing, *x*-ray treatment, etc.), and should the "insurance doctor" make a request in writing, the House Committee agrees that such treatment shall be given, in the event of the medical officer of the hospital considering it necessary.

All urgent emergency cases and accidents of a serious nature will be treated at once, whether the person is insured or not.

BRISTOL.

The committees of two of the medical charities have within the last few days had under consideration the treatment of insured persons in both the in-patient and out-patient departments, and the decision of the third may be expected soon; it may even be made before this notice appears in print.

The Bristol Royal Infirmary Committee has postponed its final decision on the matter for a month. As a matter of fact, little is to be gained by this delay, while some of the honorary staffs who have decided views on the question of doing work for which others are paid are not well satisfied.

The Committee of the Women and Children's Hospital has, on the other hand, taken a very decided view and decisive step. Possibly their action will give the lead which other institutions are waiting for. It has decided that each woman presenting herself in the out-patient department shall be asked if she is insured, and the fact or otherwise noted on the treatment sheet sent in to the physician or surgeon, who shall decide in the case of insured only, whether the patient shall be allowed to continue attending. There is no doubt that the out-patient staff will do this, but it gives them the opportunity of allowing attendance for special cases where outside treatment cannot be given. The only thing the committee would not do was to place a notice in the out-patient room that insured persons were not admitted, but the staff are quite willing to undertake the burden of responsibility in refusing. About thirty to forty insured women attend the out-patient rooms weekly, so that the attendances may be diminished by two or more thousand a year. This decisive action of the committee has caused considerable satisfaction to the members of the staff.

SALFORD.

Salford Royal Hospital.

The Board of Management of the Salford Royal Hospital, after consultation with the Medical Board, held a special meeting last week to consider the relation of the hospital to the Insurance Act. With regard to in-patients it was resolved that any patient whose condition was urgent and who was in need of indoor treatment should be admitted as heretofore, whether insured or not. In the out-patient department, accidents, emergencies, and cases requiring such special treatment as can only be given in a hospital, will be treated so long as their condition requires it. All insured persons applying to the out-patient department will be examined by a medical officer of the hospital and will receive immediate advice, and if a case is urgent and needs treatment which is not provided under the Insurance Act treatment will be given. All cases of really necessitous poor persons who, after inquiry into their circumstances, are found to be unable to pay for treatment and medicine, will be treated as heretofore. All patients, whether insured or not, who bring a doctor's certificate or are introduced personally by a medical practitioner, will be entitled to obtain the opinion of the hospital physicians and surgeons. The honorary staff will be entitled, if they think fit, to refuse to meet any practitioner in consultation, always provided that no patient shall be denied immediate advice and treatment, if that be requisite on medical grounds. Accurate records are to be kept by the hospital of all insured persons receiving treatment, whether as in-patients or out-patients. The Board of Management reserved for future consideration the question whether some payment towards the cost of maintenance within the hospital shall be required from insured persons in receipt

of maintenance payments from the National Insurance fund. The conditions for the treatment of tuberculous cases in the hospital were also reserved for consideration in conference with the Insurance Committee.

MANCHESTER.

Royal Infirmary.

Resolutions substantially the same as those adopted in Salford with regard to the treatment of insured persons have also been adopted by the Board of Management of the Manchester Royal Infirmary in consultation with the Medical Board, the practical effect being that all persons will be treated as heretofore, either as in-patients or out-patients, but insured persons after receiving first aid will be referred to their own medical attendant unless they require specialist treatment or treatment that can only be given at a hospital.

GLOUCESTER.

The committee of the Gloucester Royal Infirmary and Eye Institution reported to the last quarterly meeting of the governors that it was estimated that of every five patients attending the institution two were insured persons. The committee was determined that the resources of the institution should not be diverted from their legitimate objects, namely, the treatment of those who are poor and real objects of charity, and had arranged that the general practice of the infirmary for the present should go on as heretofore, with the following proviso:

That insured persons whose ailments can be treated at home, and who, in the ordinary course, would be treated by their own doctor, will not be treated at the infirmary. It may be urged that it is impossible to say beforehand whether a case is suitable for home treatment or not—the decision must be left to the physician or surgeon on duty. In the surgery casualties will receive first aid, but if further treatment is necessary which, in the opinion of the attending surgeon, can be equally well done by the patient's own medical practitioner, the case will not be further treated in the surgery.

THREATS TO CLOSE A PANEL AND UTILIZE ASSISTANTS.

UNDER this title last week a letter received by medical practitioners in Wisbech was published. The letter, which was from Mr. Dennis, Clerk to the Isle of Ely Insurance Committee, stated that the Committee had resolved to invite Dr. William Groom and Dr. Harry Groom, the only practitioners on the panel, to engage a sufficient number of qualified assistants to complete it, but that the invitation would not be fowarded for forty-eight hours, a period which expired on January 10th. The following letter has since been received from Dr. Harry Groom:

12, North Brink, Wisbech,
January 13th, 1913.

To the Secretary of the British Medical Association.

Sir,

As you have thought well to publish in your issue of January 11th in the BRITISH MEDICAL JOURNAL correspondence sent to you, with your attached comments, by Mr. C. H. Meacock, and in my opinion obviously with the intention of casting odium upon Dr. William Groom and myself, I must ask you to publish this letter, and my letter sent to the Clerk of the Isle of Ely Insurance Committee, just as conspicuously as you did the other correspondence; and I hope this letter may satisfy your interesting curiosity as to the number of assistants we have engaged to make the Wisbech panel complete: and I may add that we only joined the Isle of Ely panel, when some twenty others in North Cambridgeshire also did so.

The letter is as follows:

Wisbech, January 10th.

Dear Mr. Dennis,

My brother and I cannot accept the invitation of the Isle of Ely Insurance Committee to provide an adequate panel for Wisbech, by employing assistants.

All we desire to do is to give entirely satisfactory attendance to those of the insured who elect to have our services. As we do not wish to absorb the patients of any other doctor, these must be provided for by the Insurance Commissioners.

Very faithfully yours,
HARRY GROOM.

NOTICES BY THE INSURANCE COMMISSIONERS.

MEDICAL BENEFIT FOR MEMBERS OF APPROVED SOCIETIES.

ON January 15th the Insurance Commissioners issued the following notice:

The Insurance Commissioners have received a number of inquiries as to the conditions under which insured persons who are members of approved societies become entitled to medical benefit under the National Insurance Act. They accordingly desire to make it known that all insured persons who are members of approved societies (with the exception of certain special classes such as soldiers and sailors now serving) are now entitled to medical benefit under the Act, no matter when they entered insurance or whether they have since been out of employment.

The provision of medical attendance and treatment for those members who were over 65 years of age on 15 July, 1912, and who are not entitled to medical benefit at the expense of the State Insurance funds, can be arranged privately, as before, by their societies.

MATERNITY BENEFIT.

The Insurance Commissioners have issued provisional regulations governing cases in which a confinement is attended in the first instance by a midwife and a doctor is subsequently summoned in an emergency in pursuance of the rules of the Central Midwives Board. The fees prescribed are as follows:

Rates of Prescribed Fee.

	£	s.	d.
A. For attending the mother on a summons in an emergency at any time before, or within twelve hours after, the end of labour	15	0	
B. For attending the mother on a summons in an emergency at any time subsequently	5	0	
C. For attending the child on a summons in an emergency. If the practitioner attends between the hours of 8 p.m. and 8 a.m. in response to a summons received between those hours ...	5	0	
In any other case	2	6	

An accompanying memorandum indicates that the society is liable to pay these fees to the doctor for attending the summons, but is not liable to pay more than 15s. in any case. The doctor must give notice and claim his fee within twenty-four hours of the attendance.

INSURANCE ACT IN PARLIAMENT.

Administration of Medical Benefit.

ON Tuesday (January 14th) a debate in miniature arose out of a question put to the Chancellor of the Exchequer by Sir J. D. Rees, member for East Notts, who asked whether the Insurance Committee had been instructed not to allow people to make their own arrangements for medical treatment because the Government would not allow it; and, if so, by what authority the Insurance Committee had been urged to contravene the provisions of the Act to which they owed their existence. The Chancellor of the Exchequer said he did not know to which of the 235 Insurance Committees the hon. member referred, but in any case the answer to the first part of the question was in the negative; but with regard to the suggestion contained in the second part of the question, he pointed out that an Insurance Committee was not required by the Act to allow insured persons to make their own arrangements for medical treatment. Sir J. D. Rees asked the Chancellor of the Exchequer if he did not say they were so entitled. Mr. Lloyd George said he certainly did not. If he did the Act provided that they were not to be allowed.

Sir J. D. Rees further asked whether the Chancellor of the Exchequer had informed the secretaries of the National Insurance Medical Practitioners' Association that priority would be given to the doctors on the panels if whole-time appointments were necessary; and, if so, by what authority he offered this preference to doctors who accepted his views in preference to those who stood by the British Medical Association. Mr. Lloyd George replied by referring to the answer given by the Financial Secretary to the Treasury on January 1st (SUPPLEMENT, BRITISH MEDICAL JOURNAL, January 11th, p. 38) and to his own letter, dated December 18th, 1912, which had

been laid on the table of the House. Sir J. D. Rees asked if this would form a precedent for using public funds for breaking great industrial and other non-professional strikes. Mr. Lloyd George said it had nothing whatever to do with that. He simply proposed that course because doctors refused to place their services at the disposal of the State.

Sir J. D. Rees asked whether the Insurance Commissioners had approved of the action of the Middlesex Insurance Committee in agreeing that the sum payable in respect of insured persons who had not before March 31st selected a practitioner on the panels would be divided amongst the practitioners on the panels; and if the Government had sanctioned offering those practitioners who accepted its terms additions and emoluments at the expense of those who, maintaining their pledge, declined to accept such conditions. Mr. Lloyd George replied that Section 15 (2) (*d*) of the National Insurance Act and the regulations made by the Commissioners expressly provided for the distribution amongst the practitioners on the panel of insured persons who, after due notice, had failed to select a doctor, and the distribution was to be carried out, so far as practicable, under arrangements made by the practitioners on the panel themselves. Those practitioners were responsible for the medical treatment, if required, of such insured persons, and all money available to the committee for the medical treatment of insured persons obtaining treatment from the panel would be distributed among those practitioners in accordance with the Regulations.

Mr. Worthington-Evans asked whether a doctor who had gone on the panel could refuse to take his quota of the distributed insured persons. Mr. Lloyd George replied that there were special provisions in the Act dealing with cases of that kind. Mr. Worthington-Evans then inquired if a doctor, once he had gone on the panel, could refuse to take persons distributed by the Committee amongst the doctors on the panel, and Mr. Lloyd George said he could refuse in the first instance, but there were provisions dealing with those who had not been already distributed among the doctors. Mr. Worthington-Evans asked if the Chancellor of the Exchequer had not, in replying to a question, stated that those persons were to be distributed according to arrangements made with the doctors. He asked whether a doctor could refuse to treat those patients who were distributed. Mr. Gwynne asked if it was to be understood that although a doctor on a panel might refuse to attend a patient that same patient might be allotted to him by the committee. Mr. Lloyd George said he did not say that. He had said that there were special provisions in the Act for distributing those who had been refused by all the doctors, but it was a very improbable contingency that every doctor on the panel would refuse the patient.

Sir J. D. Rees asked the Chancellor of the Exchequer whether he organized or expressed his intention of organizing a service of State-paid doctors ready to proceed to any area in order to break down the opposition of the medical profession to working on the panel system. Mr. Lloyd George said that in any area where the panel might be found to be inadequate the duty was laid upon the Commissioners of making alternative arrangements, in conjunction with the Insurance Committee, for the medical treatment of insured persons, and of such alternative arrangements that of a salaried service appeared to be the one most acceptable to the insured persons themselves. Sir J. D. Rees then asked whether that formed a precedent for breaking down industrial and non-professional strikes, and Mr. Lloyd George replied that his answer was a specific answer to the question, which was whether a State service was to be organized in those cases. It was the duty of the Commissioners to see that adequate medical provision was made. There were two or three alternatives, and the one which was popular with insured persons was salaried service.

Mr. Worthington-Evans asked whether insured persons would have free choice of doctor in a district where a State service was organized and put into force. Mr. Lloyd George said that inasmuch as the insured person was fully represented upon the Insurance Committee which would be making the arrangements, he took it he would look after his own interest.

Mr. Worthington-Evans asked the Chancellor of the Exchequer whether he had altered his mind since October last, when he stated that in such a case a person would be entitled to free choice of his own medical man. Mr. Lloyd George said that he failed to see in what respect his answer differed from the answer he gave before.

A further question by Mr. Hodge, who wished to know how could there be free choice of doctor if the doctors refused to work under the Act, was not answered.

Disposal of Rejected Insured Persons.

Mr. Chancellor asked the Secretary to the Treasury, on January 13th, whether any doctor on the panel would be perfectly free to refuse any patient whom the Insurance Committee desired to allot to him, and whether such refusal could in any way operate to the detriment of such doctor. Mr. Masterman said that any doctor on the panel had a preliminary right of refusing any particular insured person who applied to be placed on his list. It would be the duty of the Insurance Committee to make such arrangements as were suitable for medical benefit for any patients who were thus refused by the doctor of their first choice, and these arrangements must be as far as practicable in agreement with the doctors themselves. Insurance Committees might ask the doctors in any district to agree each to accept a proportion of insured persons who might be refused attendance by the doctors of their first choice; or the insured person might be invited to make another choice of a doctor willing to accept him, or some other arrangement might be made by the Committee for his medical attendance and treatment. In ordinary circumstances, the results of a doctor refusing a particular insured person would be merely that he would not be responsible for and would not receive remuneration in respect of that insured person.

Employment of Assistants.

In reply to Mr. Newman, who asked a question on January 13th with regard to the action of the Wisbech Insurance Committee, referred to in the SUPPLEMENT of January 11th, p. 44, and this week (p. 80), Mr. Masterman said that the Isle of Ely Insurance Committee had reported that the panel was adequate to provide medical attendance for insured persons throughout their area except in the districts of Wisbech and Chatteris. In order that medical attendance might be provided for insured persons in these two districts they further invited all the practitioners in the neighbourhood to accept service under the Act, with an intimation that if they declined, other alternative arrangements would have to be made with the doctors who had accepted service. The Commissioners were awaiting a further report from the committee as to the exact position, and until that report had been received he was unable to state the number of practitioners required to complete the panel. It would be necessary that any assistants utilized by doctors on the panel should be duly qualified medical practitioners.

Mr. John Ward inquired if there was any way by which the Insurance Committees could decide upon the recompense that the assistants would receive from the medical men who employed them. Mr. Masterman said he was not sure what the arrangements were. If the assistants were on the panel in the ordinary way they would be selected in the ordinary way by the insured persons for treatment.

Mr. Worthington-Evans asked if it was necessary for the doctors' assistants who were to treat insured persons to be on the panel. Mr. Masterman replied that that depended upon the arrangement. If the panel were abolished there would be no panel for them to be put on. If the panel were maintained, then, he thought, they had to be on the panel. Mr. Worthington-Evans asked whether, in a case where the panel was considered adequate, would it be necessary for any assistant who treated an insured person to be on the panel. Mr. Masterman asked for notice of the question.

Allocation of Insured Persons.

Mr. Rupert Gwynne asked how many doctors per thousand of insured persons had the Insurance Commissioners decided to be necessary to secure an adequate medical service in rural and urban areas respectively in order to set up a panel in such areas; and on what day was the decision of the Insurance Commissioners on this

point taken. Mr. Masterman replied that the number of insured persons for whom a doctor on the panel could properly be responsible must necessarily vary according to the circumstances of each particular case, and it was therefore impracticable to fix any maximum number either for all areas or for urban and rural areas respectively. In deciding in each case whether adequate medical service had been secured the Commissioners had regard to all the circumstances, and they were, of course, guided to a great extent by the advice and recommendation of the Local Insurance Committee. According to the experience of contract practice of a similar character in the past, every 1,000 persons on a list would involve, on the average, thirteen attendances a day, of which eight or nine would be surgery calls and four or five visits at the patient's home for 300 days' work in the year.

Mr. Worthington-Evans asked if a panel would be adequate with one doctor for 5,000 people, or would some general idea of what would be considered adequate be given. Mr. Masterman said he could not give any general statement; but certainly he did not anticipate one doctor would have to have 5,000 patients in any case.

Sir Philip Magnus asked the Secretary to the Treasury whether his attention had been called to the case of a doctor who had only consented to join a panel on the understanding that he would be required to treat a small and strictly limited number of insured persons; and whether the Commissioners proposed to allow such a bargain to be made with a Local Insurance Committee. Mr. Masterman said that the answer to the first part of the question was in the negative. Every practitioner on the panel, however, had a right to select the insured persons whom he undertook to treat, subject, of course, to the distribution amongst, and so far as practicable, under arrangements made by, the several practitioners on the panel, of the insured persons who had failed to make any selection, or who had been refused by the practitioner whom they had selected.

Mr. Masterman, in reply to Colonel Yate on January 15th, said that in cases in which payment by attendance was adopted an insured person need not choose his doctor until he was ill. In cases in which the capitation system of payment was adopted, all insured persons in the area who had not already made the choice would be allocated to doctors on the panel after a given date, to be announced by the Insurance Committee. Each Committee would exercise its own discretion as to the date which it would fix. It was quite competent for an Insurance Committee, with the consent of the practitioners on the panel, to make at once a provisional allocation of all insured persons amongst the doctors on the panel, with the condition that any insured person so allocated might, if he pleased, within the period announced select one of the other doctors on the panel.

Sir Philip Magnus asked if a doctor on the panel might make a bargain to attend a certain number of insured persons and no more. Mr. Masterman said that depended entirely on the arrangements that he made with the Local Insurance Committee. He thought most Insurance Committees would allow doctors to do that.

The Panels.

In reply to questions, on January 15th, by Mr. Worthington-Evans and Sir Philip Magnus, asking whether the Commissioners would prevent approved societies from recognizing and acting on certificates of illness given by doctors not on the panel for the purpose of claims for maternity, sickness, or invalidity benefits, Mr. Masterman said that the sickness benefit of members of approved societies was administered by those societies, and not by the Insurance Committees; and in deciding the nature of the evidence they would demand the societies would take such steps as were necessary for the protection of their funds and the rights of their members. The evidence of sickness which a society would accept as sufficient for the purpose of giving sickness benefit depended on the rules of the society, and within those rules upon their discretion in the actual administration of the benefit.

Mr. Gwynne asked what was the position at present of an insured person who had been attended as a maternity patient by a doctor who was not on the panel. Would such persons be entitled to the maternity benefit? Mr. Masterman replied that the administration of the maternity benefit was entirely in the hands of the approved societies. The approved society having evidence that the benefit had been rightly earned would no doubt pay it.

Right to Form a Panel.

Sir A. Griffith-Boscawen asked the Secretary to the Treasury, on January 13th, whether a doctor who joined a panel under the National Insurance Act after the official list of the panel had been published could begin to undertake work immediately he joined, or whether he would have to wait till the next publication of the names on the panel; and whether a County Insurance Committee could refuse to pay him for services rendered under such circumstances. The Financial Secretary to the Treasury replied that in any district where the normal panel system was in force a doctor could join the panel at any time. His name would not be included in the published list until such time as the Insurance Committee issued a revised list of practitioners on the panel. He would be entitled to receive payment in respect of insured persons who elected to be treated by him, and whose treatment he undertook, as from the date on which he joined the panel. Those insured persons who did not express a wish to be attended by any particular doctor would be assigned by the Insurance Committee to doctors on the panel, and as far as possible, under arrangements made by the practitioners on the panel at that time.

Mr. Worthington-Evans asked if he understood the right hon. gentleman correctly, that the doctors who joined the panels late would also get their share of the insured persons who did not choose their own doctors? Mr. Masterman replied, Not necessarily for the first three months; but added in reply to a further question that they would receive payment in respect of insured persons whose treatment they undertook as from the date of joining the panel.

Mr. Cassel asked if the Act did not provide that every doctor should have the right to join the panel at any time. Mr. Masterman repeated that in any district where the normal panel system was in force a doctor could join the panel at any time.

Lists of Panel Doctors at Police Stations.

Mr. Glyn-Jones asked the Home Secretary whether, in view of the fact that insured persons might desire in an emergency to obtain at night time the services of a medical practitioner on the panels under the National Insurance Act, he would make arrangements whereby such lists of doctors, if supplied by the Insurance Committees, might be inspected at police stations within the metropolitan area. Mr. McKenna said he was glad to state that the Commissioner of Police was able to make tentative arrangements to carry out the suggestion.

Aged Members of Approved Societies.

Mr. Worthington-Evans asked whether approved societies or the Insurance Committees would be allowed to provide medical benefit for insured persons over 65 at the commencement of the Act; and, if so, whether the extra grant of 2s. 6d. would be payable in respect of them. Mr. Masterman said that by Section 49 (3) persons over 65 at the commencement of the Act who came under the special provisions of that section and were members of approved societies were entitled to such benefits as the society determined, and could provide out of their employers' and their own contributions and the State 2d. As far as he was aware, however, all the approved societies had chosen that this money should be devoted to the provision of sick pay rather than of medical treatment. Insurance Committees had the same powers and duties in the case of persons of this class who were deposit contributors as the societies had in the case of members of approved societies.

Mr. Worthington-Evans asked if two forms of alternative benefits had not been issued to societies, neither of which included medical benefits, directing the societies to choose one or the other. Mr. Masterman replied in the negative. They were purely optional for the guidance of societies, giving actuarial figures of what could be provided if they chose either of them.

Mr. Worthington-Evans asked whether the proposed extra grant of 2s. 6d. would be allowed to provide medical benefit for existing members of friendly societies who did not become insured persons because they were over 65

at the commencement of the Act. Mr. Masterman said that the answer was in the negative. Societies which had decided to devote the 9d. a week (or 8d. in the case of women), under Section 49 of the Act, to sick pay rather than to medical benefit would make their own arrangements for medical treatment of their members outside the Act.

Mr. Worthington-Evans asked whether the 2s. 6d.—the £1,650,000—would also be available for such benefits. Mr. Masterman replied: Not outside the Act.

Mr. Worthington-Evans asked why the Statutory Rules, Nos. 17 and 19, relating to the administration of medical benefit, dated December 5th, 1912, and the Forms 21 and 22, relating to persons desiring to make their own arrangements for medical treatment, were not sent to members of Parliament until January 8th, 1913. Mr. Masterman said that the Medical Regulations (S.R.O. 1719) were laid on the table on December 5th as H.C. 386, and were available to all members through the Vote Office on December 7th. The stock of forms Medical 21 and 22 (apart from some advanced copies) was only received from the printers on January 6th and 7th, and copies were immediately sent to members.

Persons making "their own Arrangements."

Mr. Newman asked the Secretary to the Treasury on January 13th whether, on behalf of the Insurance Commissioners, he was now in a position to state that, except under certain defined and special circumstances, insured persons were not entitled, under the terms of the National Insurance Act, to make arrangements with any medical practitioners not serving on the panel in the district in which they resided. Mr. Masterman referred the hon. gentleman to the answer he gave to a similar question by Mr. Cassel on January 6th (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL, January 11th, p. 38).

In reply to questions by Mr. Touche and Mr. Arthur Strauss, on January 15th, Mr. Masterman said that the responsibility for deciding upon applications from insured persons to be allowed to make their own arrangements under Section 15 (3) of the National Insurance Act rested in the first instance with the several Insurance Committees to whom such applications were made. The committees would require to be satisfied as to the special circumstances of each particular case, and as to the acceptance by the doctor of the conditions required by the Regulations as to reports, certificates, and evidence of satisfactory service; and would also, in dealing with all applications in their area, have regard to the general interests of the insured persons in that area. The number of applications received by the committees could not be obtained without a special return from all the committees, which would involve considerable labour at a time of great pressure, and would possess no practical value.

Voluntary Contributors.

Mr. Masterman, in replying to Sir A. Griffith-Boscawen on January 13th, sad that the total number of insured persons who were voluntary contributors would not be available until all the cards had been received from the societies and scheduled by the Commission.

Treasury Grant.

Mr. Cassel asked the Prime Minister on January 9th whether it was proposed that any additional grant out of public moneys should be made towards medical benefit in respect of the first three months from January 15th, 1913; and, if so, when it was proposed to obtain the sanction of the House thereto. The Prime Minister said that the answer was in the negative. The whole cost of the provision of medical benefit for the period referred to would be met out of funds available under the National Insurance Act.

Insurance Fund.

Mr. Carr-Gomm asked, on January 9th, what amount had been received in contributions and was now available for the payment of insurance benefit under the National Insurance Act. Mr. Masterman said that the amounts received through the sale of insurance stamps, etc., now amounted to about £8,000,000. As the State proportion was added as payment of benefit was made, that would represent a sum available for payments as required under the health insurance provisions of the Act of over £10,000,000, apart from any additional sum which Parliament may vote for medical remuneration.

General Medical Council and Disciplinary Powers.

In reply to Mr. Booth, on January 13th, Mr. Masterman said he did not believe that any doctors who had signed an agreement to treat insured persons for three months would break that agreement before the period of the contract was completed unless they were released from the obligation by the Committee with which such an agreement had been made. If they were to take any such action a serious situation would arise. The question of whether such conduct would be infamous in the professional respect would be for the General Medical Council to consider.

Sir Philip Magnus inquired if the Insurance Committees had entered into a binding agreement with the doctors. Mr. Masterman said: "Oh, certainly, and they would not break it without the doctors releasing them from that agreement."

Dispensers.

Mr. Newman asked on January 13th whether, under the terms of the National Insurance Act, a dispenser who might have been regularly employed by a general medical practitioner for a number of years, but who was unregistered and not actually in the employment of a doctor at the date of the passing of the Act, was debarred from going on the local panel for the supply of drugs, while a doctor's groom, occasionally employed as an assistant dispenser during the past three years, was entitled to be so placed; and, if so, whether it was intended to take steps to remedy this state of affairs. Mr. Masterman said that the hon. member was under a misapprehension. Neither of the classes of persons mentioned by him could be included on a panel for the purpose of supplying to insured persons medicines requiring to be dispensed. The question whether persons of the first class could dispense as assistants would depend in each case upon whether they had acted as dispensers to a medical practitioner or public institution for three years immediately prior to December 16th, 1911. Persons of the second class mentioned would in no case be qualified by such occasional services to themselves supply medicines requiring dispensing or to dispense as assistants.

In reply to a question by Mr. Touche, on January 14th, Mr. Wedgwood Benn said that Section 15 (5) (*b*) (iii) of the National Insurance Act clearly provided that in the case of insured persons medicines might be dispensed by a person who for three years immediately prior to the passing of the Act had acted as a dispenser to a doctor or a public institution.

Records.

Mr. King asked whether insured workers under the National Insurance Act must expect that records of their ailments, even of a delicate nature, would pass into the hands of local and State officials, as stated widely in certain quarters; and whether the Insurance Commissioners would take measures to prevent any infringements of the reticence and secrecy which the medical profession were supposed to observe concerning their patients' case. Mr. Masterman: The statements were absolutely incorrect. The only records which were to be kept were those which would be entered in the prescribed form of day-book. This day-book would be in the sole custody of the doctor. Nobody except the doctor could have access to it. Those leaves of the day-book which passed out of the doctor's hands were perforated, so that while the part containing the name and address of the patient and the attendances (but not the nature of the illness) was sent to the Insurance Committee, the other part, containing the nature of the illness and certain other particulars (but not anything by which the patient could be identified), would not go to the Committee, but would be used for statistical purposes only. In that way absolute secrecy would be secured, and any danger of breach of professional confidence entirely avoided.

Mr. Masterman, in reply to a further question by Mr. King suggesting that the facts stated should be circulated to approved societies and other steps taken to make them widely known, said that he thought the approved societies knew them, but he would see that was circulated.

Medical Benefit in Ireland.

Mr. John Redmond asked the Chancellor of the Exchequer, on January 9th, whether, in view of the additional grant which it was proposed to make in respect of medical benefit under the National Insurance Act in Great Britain, he would consider the question of devoting a sum of money towards making good the cost of certificates for sickness and invalidity benefits in Ireland; whether he was still of the view that the extension of medical benefits to Ireland was a matter to be decided by the wishes of the Irish people themselves; and whether he had considered the question of the appointment of a representative Committee to consider the latter question. Mr. Lloyd George said that the Government were certainly still of opinion that the question of extending medical benefit to Ireland was one to be decided according to the wishes of the Irish people; and he proposed at an early date to appoint a representative Committee to consider the matter. Meantime, the Government would submit proposals for the grant of a sum of £50,000 towards expenses incurred in Ireland in connexion with the National Insurance Act in consequence of the absence of medical benefit in that country, such sum to be expended in accordance with the scheme to be submitted to the Treasury by the Irish Insurance Commissioners.

German Scheme.

Mr. Worthington-Evans, on January 13th, asked when the paper dealing with the cost and scope of medical benefit in Germany and giving collections of agreements entered into by the German doctors and the association under the German insurance scheme, publication of which was promised in July last, would be issued; and what was the reason for the delay. Mr. Masterman said that, in accordance with the promise made on July 24th, 1912, an officer was sent to Germany in the autumn to conduct a detailed investigation with a view to the preparation of a report on medical benefit under the German state insurance legislation. The publication of the report had been postponed in consequence of the protracted illness of the officer in question. It would, however, be laid on the table of the House that day.

Highlands and Islands.

Mr. Cathcart Wason asked the Secretary to the Treasury, on January 13th, whether, in view of the medical and nursing necessities of the Highlands and Islands, disclosed in the Report of the Committee presided over by the hon. member for Inverness, he could make some temporary arrangement by which doctors would receive adequate remuneration for their attendance on insured persons. Mr. Masterman said that the extra grant for mileage in the case of sparsely populated districts was now receiving the attention of the Chancellor of the Exchequer, and an announcement as to the conditions of the grant would be made in due course.

Sanatorium Benefit.

In reply to Mr. Godfey Locker-Lampson, the President of the Local Government Board, on January 9th, said that the number of beds in isolation hospitals approved by the Local Government Board under the National Insurance Act for the treatment of tuberculosis was 1,732. Mr. G. Locker-Lampson asked what steps it was proposed to take supposing an epidemic broke out and those beds were wanted? Mr. Burns replied that in that case there would be beds for both classes of disease.

Isolation Hospitals (Tuberculosis).

In reply to Mr. Godfrey Locker-Lampson, on January 13th, the President of the Local Government Board said that the arrangements for the supply of beds for cases of tuberculosis in the event of the beds in isolation hospitals approved by the Local Government Board under the National Insurance Act being required in an outbreak of infectious disease varied in different cases. They had generally been made with a view to diminishing the likelihood of its being necessary to vacate the beds on an outbreak of disease. A large proportion of cases of tuberculosis which were receiving residential treatment could, however, be given other treatment should it be necessary at any time to remove them.

CORRESPONDENCE.

PERSONS MAKING THEIR OWN ARRANGEMENTS.

DR. J. CUTHBERTSON WALKER (Acting Honorary Secretary, Rochdale Division, British Medical Association) writes: Mr. Worthington-Evans has already, in the House of Commons, insisted very strongly on the right granted by the National Insurance Act to Local Insurance Committees to allow insured persons to make their own arrangements for medical attendance.

I may perhaps be allowed to point to some official sources of information which support Mr. Evans's contention, in addition to Section 15 (3) of the Act, which forms the basis of the authority for such private arrangements.

1. A deputation from the British Medical Association waited upon the Chancellor of the Exchequer on November 25th and 26th, 1912, and asked his consideration of certain points in connexion with the administration of medical benefit. In reply, the Chancellor furnished the Association with a Memorandum, in which he stated (paragraph 22): "But it will still remain possible for any insured person, who so desires, to make his 'own arrangements' with an individual practitioner (whether on the panel or not) on terms under which he will be liable to pay to the doctor such amount, if any, as the doctor charges for attendance and treatment (apart from drugs), during the year, beyond the amount available from the medical benefit fund." Again, in paragraph 44 of the same memorandum it is stated: "The Act gives to the Insurance Committee power to decide whether they will allow insured persons to make their own arrangements. This power can be exercised by the Insurance Committee whether they have fixed an income limit or not, and has no reference to the question of whether an income limit prevails in the area." The full text of this memorandum will be found in the SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL of December 7th, 1912.

2. Paragraph 14 (7) of the Revised Regulations for the administration of medical benefit issued by the Commissioners states:

> The Committee may allow any insured persons resident in the county, whether individually or collectively, in lieu of receiving medical benefit under the arrangements made by the Committee, to make their own arrangements for receiving treatment (including medicines and appliances).

Paragraph 14 (8) lays down that where an Insurance Committee considers these arrangements satisfactory it shall contribute towards their cost.

3. Paragraph 49 of the Regulations states:

> All moneys available to the Committee for the purposes of insured persons who are required or allowed to make their own arrangements for obtaining treatment (including medicines and appliances) shall be carried to a fund to be called the Special Arrangements Fund.

Paragraph 49 proceeds to explain in great detail (the whole paragraph contains more than 500 words) the terms and conditions under which the Special Arrangements Fund is to be distributed.

4. Early in December, 1912, a circular of instructions respecting the administration of medical benefit was issued by the Commissioners to Insurance Committees. Paragraph 26 of this circular states:

> Model forms of notice by and to persons required or allowed to make their own arrangements for medical attendance and treatment will also be furnished.

5. In an "explanatory statement as to medical benefit as affecting medical practitioners," drawn up and sent by the Commissioners to all practising doctors, the following passages occur:

> 43. Cases of those who "make their own arrangements" for obtaining medical attendance and treatment fall under two heads—namely, first, those who make a private arrangement direct with a doctor for treatment on private practice lines; and, secondly, those who enter into some kind of contract for the purpose.
>
> 44. As regards those who obtain their treatment privately, the amount available will be paid into the pool; they will furnish to the Committee in due course their doctors' bills, made out according to a scale of fees laid down by the Committee, and the bills will be paid by the Committee as far as possible. If the amount of the bills exceeds the amount in the pool the amount paid towards each bill will be in proportion to the bill. In such cases, of course, the patient, having entered into a private arrangement with the doctor, will be liable to the

doctor, to the extent to which that arrangement renders him liable, for the amount of the doctor's bill over and above what is payable from the Medical Benefit Fund. The doctor will be under no obligation under the Act or Regulations to charge on the scale of fees laid down by the Committee. He may charge higher fees if the patient so agrees. As regards the supply of drugs, such arrangements are subject to the same restriction as the arrangements made with doctors on the panel—that is to say, an insured person cannot enter into an arrangement with the doctor to supply him with drugs unless the patient resides in an area in which the Committee has arranged for those insured persons who obtain attendance and treatment from doctors on the panel to be supplied with drugs by those practitioners.

45. If an insured person makes his own arrangements by way of contract, it will be the duty of the Insurance Committee to see that the contract affords reasonable security that he will obtain proper attendance and treatment, and that the money paid from the Medical Benefit Fund shall be applied solely to that object.

This paragraph also states the proportion which the amount allowed for medical attendance and treatment must bear to the amount allowed for the provision of drugs.

6. The medical benefit card issued to every insured person instructs him how to proceed should he desire to make his own arrangements.

Seeing that the Act and Regulations contain detailed provisions under which insured persons may make their own arrangements, why does the Government now describe the attempt to put these provisions in force, as an attempt to break down the machinery of the Act?

Insured persons who desire to make their own arrangements with their own doctor should at once apply to their Local Insurance Committee for permission to do so.

PRESENT DIFFICULTIES.

Dr. GEO. PARKER (Rock Ferry, Cheshire) writes: At the outset I would like to say that I, in conjunction with many others, am one of those unfortunate members of the British Medical Association who has been faithful to his pledges, and as a consequence will be deprived of a certain income from erstwhile patients of my own, plus that which would have been apportioned to me by the Insurance Committee where no choice of doctor is made. This money will now accrue to one or more of the disloyalists in my area who are panelites. The Council of the Association has lately declared disloyal those men who have been faithless to their pledges. Can any vote or resolution negative this, or absolve men from their pledges? If so, what necessity was there for any pledge, or what virtue or honour is there in loyalty?

The problem which looms large at present is: What security is there against just such another *débâcle* in the future, and it may be a very near future? A pledge is obviously and absolutely as so much waste paper to the panelite. It is therefore of paramount importance that some instrument should be quickly devised which shall secure absolute adherence by every medical man to a fiat of the British Medical Association, where a definite principle or policy is declared, if some such spectacle as now presents itself is to be averted. What that instrument is to be must soon occupy the serious attention of the Council and Representative Body.

The potent factor actuating those on the panels has been mistrust in his neighbours. Now if this contingency were obviated, the solidarity of those on the panels and the remainder—the great majority—would be secured. Every one would hail with satisfaction any device which would secure united action. It surely ought not to be impossible for such a solution to be evolved in conference.

Another question arises as to what counter-stroke there may be to the publication of lists of panelites in the press and at the various post offices in one's district. Are loyalists to remain in obscurity, and is it to be regarded as unprofessional or something worse, for a band of loyalists to club together and proclaim to the public through the local press, that they being still loyal to their Association and pledges, are in consequence not on the panel?

There can be no doubt whatever that the disgraceful tactics of renegades, politicians, and their emissaries, account for much of the stampeding of the profession. Nearly every man in my own Division who to-day is on the panel, is averse to the Act and its regulations, and is serving from fear, and not love. The threats of the Chancellor and other more occult devices, have proved too irresistible for most of them.

Between now and April 14th there ought to be ample time for a complete reorganization of forces, and for the inauguration of an adequate check to any future formidable secession from an approved policy of the Association.

Finally, it is now more imperative than ever that every medical practitioner should enrol himself a member of the British Medical Association. There will be much reorganization required in the near future. There will also doubtlessly be many an attempt at "wing clipping" of the profession. This can only be obviated by a properly and effectively organized body, properly represented, and properly led.

Dr. J. CHARSLEY MACKWOOD (Newick, Sussex) writes: I am in practice in a district of some 18,000 acres, which is worked by one other man, Dr. Orton, and myself. The position we have taken up is as follows: We decline to break our pledges by signing the contract with the Local Insurance Committee. We have offered to attend insured persons free of charge till after the Representative Meeting on January 17th. If then the pledge should be released—but not unless—we are prepared to sign the contract. If the pledge is held to be binding, we are prepared to attend free of charge insured persons till the Local Insurance Committee shall have made their arrangements for the district. This offer has been declined by the Clerk to the East Sussex Insurance Committee, who states that we must be prepared to sign our contracts when requested. This we have declined to do.

This evening I received the following letter. As I have not the writer's permission to publish it, I merely give his initials:

My dear Sir,

No one realizes more fully than myself the very shameful way in which Lloyd George has attempted to coerce the medical profession in the matter of the Insurance Act. I possibly ought not to write you on the subject, as I am not resident in your parish, but I think I would like you to know what is said in the distict on the subject of your not joining the panel. Will you therefore kindly excuse my writing to you? The universal feeling I hear expressed is regret that you have not joined. Am I right in the idea that by so doing the risk is run that some very second-rate man may be introduced into the district to the serious injury of the insured persons as well as, I should fear, to your own detriment? You have been here, I think, long enough to be much valued and esteemed, and as things now are would, I feel sure, be congratulated if you could see your way to join the panel. To myself, individually, it can make no difference, but to those insured under the Act I think it is a very important matter.

Kindly excuse my thus writing to you.

Yours faithfully,
M. S——.

Dr. Mackwood.

I think most readers will be inclined to agree that the importation of pariah medical men into an entirely new district may lead to serious results for insured persons. On January 6th the Foresters' Friendly Society passed a resolution *nemine contradicente* requesting the Clerk to the East Sussex Insurance Committee to see his way to accepting the names of Dr. Orton and myself on the panel subject to the terms of our letter to him. Friendly societies in the past have always looked out for the cheapest article with regard to medical attendance. Now that they are being assisted by the Chancellor of the Exchequer in the same direction they are inclined to alter their tune.

Dr. R. J. LEPER (Bamber Bridge) writes: I do not know what protection the medical practitioner who has to work under the Insurance Act by brute force will have in the future unless the British Medical Association is reorganized on trades union lines. The present policy is out of date in these materialistic days.

Dr. ARTHUR E. GLADSTONE (Newton Ferrers, Plymouth) writes: Now that the panic and stampede have taken place the profession should learn wisdom by experience, so as to avoid a repetition of such events in the future. Every doctor who has been frightened on to his panel by a threatened invasion by "outsiders" must know that such applications could only exist on paper. Presumably the same list of names did the trick in dozens of towns, for we all know that the number of employable

unemployed is very limited. Would it not be a simple matter for the British Medical Association to institute inquiries in every place, so as to actually find out the names of the pretended invaders? And when the facts have been established these methods should be exposed by a question in the House.

Dr. J. C. BARKER (Watford) writes: The medical and surgical treatment of the contract classes has been most unsatisfactory to all of us who have taken part in it, because modern methods have been out of our reach. This state of things has not been touched by the Insurance Act; no improvement in treatment has been introduced, and the old stagnation is perpetuated.

Now when the Government took a hand in providing medical treatment for the contract classes, it was our first duty to ourselves and the patient to take a high view of our responsibilities and see that we were enabled to give proper and efficient modern treatment. This would have involved free provision by the Government of laboratories, vaccines, etc., and a short measure to ensure an adequate supply of hospital beds in each district.

In other words, the first duty was to see that it was possible to treat patients properly under the Act; afterwards, if necessary, it could have combined to obtain adequate pay. Instead of this, the British Medical Association, on behalf of the profession, took up an entirely injudicious and wrong position. They attempted to modify the conditions of service, entirely regardless of the fact that the service could not be made satisfactory as far as the treatment of the patient was concerned.

The best thing we as a profession can do is to close down the present agitation, and try to obtain those modern methods of diagnosis and treatment which would render contract practice efficient and deserving of better pay.

PROTEST MEETING AT QUEEN'S HALL.

Mr. E. B. TURNER (London) writes: While I was speaking at the Queen's Hall meeting last week the name of a gentleman was mentioned. As a matter of fact my allusion was to others, and the gentleman in question (who is a personal friend of mine) informs me that he has never taken such action as that which I was discussing at the time.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

IN ninety-six of the largest English towns, 9,064 births and 5,285 deaths were registered during the week ending Saturday, January 11th. The annual rate of mortality in the ninety-five or ninety-six large towns, which had been 15.4, 15.1, and 15.7 per 1,000 in the three preceding weeks, fell to 15.4 per 1,000 in the week under notice. In London last week the death-rate was also equal to 15.4, against 14.4, 14.4, and 16.2 per 1,000 in the three preceding weeks. Among the ninety-five other large towns the death-rates ranged from 6.1 in Ealing, 7.0 in Wakefield, 7.8 in Ilford, 8.1 in Dudley, 8.3 in Hornsey, and 8.6 in Gillingham to 20.7 in Liverpool, 21.2 in South Shields, 22.2 in Sunderland, 24.1 in Wigan, 27.3 in St. Helens, and 29.1 in Preston. Measles caused a death-rate of 3.2 in Willesden and in West Hartlepool, 3.7 in Bath, 4.0 in Swindon, 4.2 in Acton, 4.6 in Wigan and in Northampton, 6.2 in Preston, and 6.8 in St. Helens; scarlet fever of 1.3 in Preston; and diphtheria of 1.1 in Stoke-on-Trent, 1.3 in York and 1.8 in Coventry and in Darlington. The mortality from enteric fever and from whooping-cough showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 54, or 1.0 per cent. of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest, and included 12 in Birmingham, 8 in Liverpool, 4 in London, 4 in Bootle, and 2 each in Warrington, Burnley, Preston, Sheffield, and South Shields. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 2,108, 2,112, and 1,954 at the end of the three preceding weeks, had further fallen to 1,889 on Saturday last; 202 new cases were admitted during the week, against 193, 191, and 170 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

THE Registrar-General's weekly return will from the beginning of this year relate to sixteen towns instead of eighteen, the towns of Partick and Govan having been incorporated in the City of Glasgow. In these sixteen towns 1,132 births and 763 deaths were registered during the week ending Saturday, January 4th. The annual rate of mortality in these towns, which had been 20.7, 19.2, and 17.1 per 1,000 in the three preceding weeks, rose to 17.6 in the week under notice, and was 1.9 per 1,000 above the rate in the ninety-six large English towns. Among the several Scottish towns the death-rate ranged from 9.1 in Kirkcaldy, 10.8 in Hamilton, and 12.2 in Ayr to 22.8 in Greenock, 23.3 in Dundee, and 24.0 in Leith. The mortality from the principal infectious diseases averaged 1.5 per 1,000, and was the highest in Coatbridge and Motherwell. The 334 deaths from all causes registered in Glasgow included 18 from whooping-cough, 5 from infantile diarrhoeal diseases, 4 from diphtheria, 3 from scarlet fever, 1 from measles, and 1 from enteric fever. Three deaths from whooping-cough were recorded in Edinburgh, 3 in Motherwell, 2 in Dundee, and 2 in Leith; 3 deaths from diphtheria in Dundee and 2 from enteric fever in Aberdeen.

HEALTH OF IRISH TOWNS.

COMMENCING with the first week of this year, the Registrar-General for Ireland has adopted a form somewhat different to that employed by him hitherto in his weekly returns regarding births and deaths. He now includes twenty-seven town districts instead of twenty-two, but gives full details concerning only seven, counting the Dublin registration area and Dublin city as two. Details concerning the other districts will be supplied in the quarterly return. In these twenty-seven districts 756 births and 504 deaths were registered as having occurred in the week ending Saturday, January 4th. Hence the estimated population being 1,199,180, the death-rate was equal to 22 per 1,000, and the birth-rate to 32.9. This death-rate was 5.8 higher than that for the same period in the ninety-six large English towns. In regard to the larger areas, the death-rate in the city of Dublin was 25.5, in Belfast 23.8, in Cork 27.2, in Londonderry 14.0, in Limerick 17.6, and in Waterford 30.4. The zymotic death-rate in the twenty-seven towns averaged 2.2 per 1,000.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments have been notified at the Admiralty: Staff Surgeon HORACE B. HILL, M.B to be lent to the *Victory*, additional, for Physical Training School for requalifying course, January 9th, 1913; Staff Surgeon GEORGE D. WALSH to the *Dominion*, vice Haydon, February 1st, 1913. Staff Surgeon CHARLES H. DAWE to the *Vivid*, additional for disposal, to be lent to the *Indus* temporarily, during absence of Surgeon Babington, undergoing course, February 1st, 1913. Staff Surgeon PERCY F. ALDERSON to the *Gloucester* on recommissioning. Staff Surgeon HAROLD J. CHATER to the *Dublin* on commissioning. Staff Surgeon ARTHUR C. W. NEWPORT to the *Terrible* and for group of ships of the Third Fleet, January 1st, 1913. Surgeon SHELDON F. DUDLEY to the *Pembroke*, additional for disposal, February 1st, 1913, and to the *Pembroke* for R. N. Barracks, vice Dawe, February 15th, 1913. Surgeon CECIL R. M. BAKER, M.B., to the *Victory*, additional for disposal, February 1st, 1913, and to the *St. George*, vice Drennan, February 15th, 1913. Surgeon HARRY M. LANGDALE to the *Victory*, additional for disposal, February 1st, 1913, and to the *Zealandia*, vice Bradbury, February 15th, 1913. Surgeon FRANCIS H. HOLL to the *Victory*, additional for disposal, February 1st, 1913, and to the *Ganges* for Shotley Training Establishment temporarily, during the absence of Surgeon Hearn, undergoing course, February 15th, 1913. Surgeon CHARLES H. L. PELCH to the *Victory* for disposal, February 1st, 1913, and to the *Excellent*, temporarily, during absence of Surgeon Hayes, undergoing course, February 15th, 1913. Surgeon JAMES H. WRIGHT, M.B., to the *Pembroke*, additional, for disposal, February 1st, 1913. Surgeon GEORGE A. S. HAMILTON, to the *Victory*, additional, for disposal, February 1st, 1913. Surgeon GEOFFREY P. ADSHEAD, M.B., to the *Pembroke*, additional, for disposal, February 1st, 1913. Surgeon GEORGE J. CARR, M.B., to the *Excellent*, vice MacMahon, February 1st, 1913. Surgeon FRANCIS J. BURKE, M.B., to the *Pembroke*, for R.N. Barracks, temporarily, vice Murphy, February 1st, 1913. Surgeon ALFRED R. PRICE, M.B., to the *Vivid*, for R.N. Barracks, temporarily, vice Stone, February 1st. 1913. Surgeon HENRY M. BRAITHWAITE, M.B., to the *Hebe*, vice Vickery, February 1st, 1913. Surgeon ALFRED B. CLARK, M.B., to the *Skipjack*, vice Egan, February 1st, 1913. Surgeon FRANCIS C. ALTON, to Portland Hospital, February 1st, 1913. Surgeon ROBERT N. W. W. BIDDULPH, to the *Berwick*, vice Alton, February 1st, 1913. Surgeon JAMES P. SHORTER, to be lent to the *Vernon*, temporarily, during the absence of Surgeon Verry, undergoing course, February 1st, 1913.

The following Surgeons have been appointed to the *President*, additional, for five months' course of instruction at the Naval Medical School to join R.N. College, Greenwich, February 1st, 1913: WALTER G. EDWARDS, ROBERT F. MACMAHON, LIONEL C. E. MURPHY, HERBERT STONE, M.B., SAMUEL H. VICKERY, M.B., MAURICE W. HAYDON, HENRY D. E. DRENNAN, M.B., DAVID H. C. GIVEN, M.B., PERCY H. EGAN, M.D., SAMUEL BRADBURY, M.B.

The following Surgeons have been lent to the *President*, additional, for five months' course of instruction at the Naval Medical College to join R.N. College, Greenwich, February 1st, 1913: EDWARD M. W. HEARN, M.D., GUY T. VERRY, HAROLD H. BABINGTON, JOHN M. HAYES.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL SIR WILLIAM B. LEISHMAN, Kt., M.B., is appointed an Honorary Physician to the King, and is granted the brevet rank of Colonel, vice Surgeon-General G. D. Bourke, C.B., retired, October 15th, 1912.

Lieutenant-Colonel H. FORDE has been appointed to the charge of the Military Hospital, Bulford.

Lieutenant-Colonel D. V. O'CONNOR, from Shorncliffe, has been transferred to half-pay.

Lieutenant-Colonel GEORGE WILSON, M.B., is placed on retired pay, January 6th, 1913.

Major HUBERT A. BRAY is seconded for service with the Egyptian Army, and is granted the local rank of Lieutenant-Colonel while so employed, October 15th, 1912.

Major J. D. G. MACPHERSON is appointed to the command of the Station Hospital, Kamptee.

Major F. W. BEGBIE is appointed Specialist in Advanced Operative Surgeon to the Fifth Division.

Major A. D. WARING, from Hong Kong, has been posted to the Southern Command.

Captain CARLISLE KELLY, M.D., from the half-pay list, is restored to the establisnment with precedence next below Walter H. S. Burney, January 5th, 1913.

Captain M. F. FOULDS has been promoted to Major, January 9th, 1913.

Lieutenant CHARLES C. JONES, M.B., from the seconded list, is restored to the establishment, January 1st, 1913.

INDIAN MEDICAL SERVICE.

THE KING has approved of the retirement of Lieutenant-Colonel CARRAPIET J. SARKIES, M.D., December 8th, 1912; and Lieutenant-Colonel JOSHUA CHAYTOR-WHITE, M.D., December 22nd, 1912.

The promotion of Colonel BLENMAN B. GRAYFOOT, M.D., to that rank dates from August 26th, 1912, and not August 25th, 1912, as notified in the *London Gazette* of November 19th, 1912.

The retirement of Colonel WILLIAM A. CORKERY has effect from August 26th, 1912, and not August 25th, 1912, as notified in the *London Gazette* of October 18th, 1912.

Vacancies and Appointments.

VACANCIES.

WARNING NOTICE.—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

ABERDARE AND MOUNTAIN ASH EDUCATION COMMITTEE.—School Dentist. Salary, £240 per annum

BATH: EASTERN DISPENSARY.—Resident Medical Officer. Salary, £130 per annum.

BATH: ROYAL UNITED HOSPITAL.—House-Surgeon. Salary, £80 per annum.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—Resident Medical Officer (Male). Salary at the rate of £60 per annum.

BIRKENHEAD UNION INFIRMARY.—Senior Male Resident Assistant Medical Officer. Salary commencing at £170 per annum.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £200 per annum.

BIRMINGHAM: QUEEN'S HOSPITAL.—Radiographer. Salary, £100 per annum.

BIRMINGHAM UNION.—Assistant Medical Officer to the Dudley Road Infirmary. Salary, £125 per annum.

BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL.—House-Surgeon. Salary, £80 per annum, rising to £100.

BRADFORD POOR LAW UNION.—Assistant Resident Medical Officer (Male) for the Hospital and Workhouse. Salary, £130 per annum.

BRADFORD ROYAL INFIRMARY.—Resident Surgical Officer. Salary, £150 per annum.

BRISTOL ROYAL INFIRMARY.—(1) Resident Casualty Officer. (2) Dental House-Surgeon. Salary at the rate of £50 and £100 per annum respectively.

BUCKS COUNTY LUNATIC ASYLUM, Stone.—Assistant Medical Officer. Salary, £185 per annum.

BURNLEY: VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—House-Surgeon. Salary, £80 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Two House-Physicians (Male).

DAVOS PLATZ: QUEEN ALEXANDRA SANATORIUM.—Medical Superintendent. Salary, £200 per annum.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—House-Surgeon. Salary, £75 per annum.

HACKNEY UNION INFIRMARY.—Junior Assistant Medical Officer. Salary, £120 per annum.

HARROGATE: THE INFIRMARY.—Resident House-Surgeon. Salary, £75 per annum.

HERTS COUNTY ASYLUM, Hill End, St. Albans.—Junior Assistant Medical Officer. Salary, £170 per annum, increasing to £190.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Physician. (2) House-Surgeon. (3) Casualty Medical Officer. Salary for (1) and (2) £30 for six months and £2 10s. washing allowance, and for (3) £200 per annum.

LABORATORIES OF PATHOLOGY AND PUBLIC HEALTH, New Cavendish Street, W.—Male Fourth Assistant Pathologist.

LEEDS: GENERAL INFIRMARY.—House-Surgeon.

LEICESTER ROYAL INFIRMARY.—Male Assistant House-Physician. Salary at the rate of £80 per annum.

LEICESTERSHIRE COUNTY COUNCIL.—Tuberculosis Medical Officer. Salary at the rate of £500 per annum.

LEICESTERSHIRE AND RUTLAND COUNTY ASYLUM.—Male Junior Assistant Medical Officer. Salary, £150 per annum, rising to £180.

LIVERPOOL EDUCATION COMMITTEE.—School Medical Officer and Medical Officer to the Education Authority. Salary, £250 per annum.

LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Assistant Resident Medical Officer. Salary, £120 per annum.

LIVERPOOL UNIVERSITY.—Lectureship in Mental Diseases.

LONDON HOSPITAL, Whitechapel, E.—Assistant Surgeon.

LOWESTOFT HOSPITAL.—House-Surgeon. Salary at the rate of £100 per annum.

MAIDSTONE: KENT COUNTY COUNCIL.—Medical Officer of Health for the County. Salary, £800 per annum.

MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—House-Surgeon (Male). Salary, £100 per annum and £2 10s. laundry allowance.

MARGATE: ROYAL SEA BATHING HOSPITAL FOR SURGICAL TUBERCULOSIS.—Resident Surgeon. Salary at the rate of £100 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—(1) House-Surgeon. (2) Assistant House-Surgeon. Salary at the rate of £60 and £40 per annum respectively.

MILDMAY MISSION HOSPITAL, Bethnal Green, N.—House-Surgeon. Salary, £80 per annum.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 for first year, rising to £180.

NEWCASTLE-UPON-TYNE TUBERCULOSIS DISPENSARY.—Medical Officer (Male). Salary, £500 per annum.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon (Male). Salary, £170 per annum.

OXFORD COUNTY ASYLUM, Littlemore.—Junior Assistant Medical Officer (Male). Salary, £150 per annum, rising to £175.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Physician. Salary, £75 per annum.

PUTNEY HOSPITAL, S.W.—Resident Medical Officer. Salary, £100 per annum.

RAINHILL: COUNTY ASYLUM.—Assistant Medical Officer. Salary, £150 per annum, increasing to £250 and to £350 on promotion.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Clinical Assistant to the Radiographer.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Clinical Assistants.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, S.E.—Honorary Gynaecologist.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Assistant Surgeon.

SWANSEA UNION.—Assistant Medical Officer to the Workhouse. Salary about £235 per annum, inclusive.

TUNBRIDGE WELLS GENERAL HOSPITAL.—House-Physician (Male). Salary, £100 per annum.

WEST RIDING ASYLUM, Menston.—Fourth Assistant Medical Officer. Salary, £150 per annum, rising to £180.

WESTERN DISPENSARY, Rochester Row, Westminster.—Vacancy on Attending Medical Staff.

WESTMORLAND CONSUMPTION SANATORIUM AND HOME, Grange-over-Sands.—Assistant Medical Officer. Salary, £200 per annum.

WESTRAY PARISH COUNCIL.—Medical Officer and Public Vaccinator. Salary, £75 per annum.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.—Assistant Honorary Surgeon in the Eye, Ear, and Throat Departments.

YORK DISPENSARY.—Resident Medical Officer. Salary, £140 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces the following vacant appointments: Egremont (Cumberland), Kettering (Northants.), Llandyssil (Cardigan), Perranporth (Cornwall), Sandhead (Wigtown), Swinton (Lancs.).

MEDICAL REFEREE.—The Home Secretary announces a vacancy as Medical Referee under the Workmen's Compensation Act, 1906, for the Sunderland and Seaham Harbour County Courts.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

APPOINTMENTS.

COMPTON, Alwyne, F.R.C.S., Honorary Assistant Surgeon to the German Hospital, Dalston, N.

CROSSLEY, Leonard, M.D., Tuberculosis Officer for the County of Wiltshire.

DIGGLE, Frank Holt, M.B., Ch.B.Manch., M.R.C.S., L.R.C.P., Assistant Resident Medical Officer to the Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W.

FISHER, Edward Garlick, B.A.Cantab., M.R.C.S.Eng., House-Surgeon to the Ophthalmic and Special Diseases Departments of the Royal Infirmary, Liverpool.

FOSTER, Stanley, L.R.C.P. and S.Edin., L.F.P.S.Glasg., Medical Officer of Health for the Borough of Newport, vice M. L. B. Coombs, L.R.C.P. and S.Edin.

GOODE, Miss C., M.B., B.S.Melb., Medical Officer of the Cottage Homes of the Hampstead Parish.

HASLUCK, E. Percy, L.R.C.P. and S.Edin., L.F.P.S.Glasg., District Medical Officer of the Wincanton Union.

HOLMES, Thomas, M.S., M.D.Lond., Honorary Surgeon to the Cheltenham General Hospital.

HUDSON, Arthur Cyril, M.A., M.D., B.C.Cantab., F.R.C.S.Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital (Moorfields Eye Hospital).

INGRAM, John Dougall, M.B., Ch.B.Edin., D.P.H.Camb., Resident Medical Assistant to the City Hospital for Infectious Diseases, Newcastle-upon-Tyne.

MOYES, John Murray, M.B., Ch.B.Edin., D.P.M.Leeds, Second Assistant Physician, Crichton Royal, Dumfries.

PEARSON, Ellis, F.R.C.S., L.R.C.P.Edin., Medical Officer of Health to the Bideford Rural Council.

RHIND, Thomas, M.R.C.S., L.R.C.P., Medical Officer of Health for the Chipping Sodbury Rural District.

SMITH, Edmund Bertram, M.B., B.S., D.P.H., Medical Officer of Health for the Urban and Rural Districts of Braintree and Halstead and the Dunmow Rural Disrrict.

TISDALL, Charles J., M.B., Ch.B.Edin., Third Assistant Physician, Crichton Royal, Dumfries.

WOODMAN, E. Musgrave, M.S.Lond., F.R.C.S.Eng., Medical Referee under the Workmen's Compensation Act, 1906, for County Court Circuit No. 21, and to be attached more particularly to the Birmingham County Court, vice Dr. Woodward, resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or Stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

MARRIAGE.

GASTER—NATHAN.—On the 15th inst., at the residence of the bride's mother, Maisemore Mansions, Canfield Gardens, Anghel Gaster, M.D., M.R.C.P.Lond., of 68, Greencroft Gardens, Hampstead, to Mrs. Alice Nathan, widow of the late Henry Nathan.

DIARY FOR THE WEEK.

TUESDAY.

CHELSEA CLINICAL SOCIETY, St. George's Hospital, 8.30 p.m.—Paper:—Mr. H. Wansey Bayly: Salvarsan: Its Place in Therapeutics.

LONDON DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C., 4.30 p.m.—(1) Demonstration of Cases and Specimens. (2) A discussion on Bullous Eruptions, to be opened by Dr. J. L. Bunch.

ROYAL SOCIETY OF MEDICINE:

SECTION OF PATHOLOGY, 8.30 p.m.—Dr. Dennis Embleton: Preliminary communication on Pathogenicity and Virulence of Bacteria. Dr. E. Palier: Remarks on Tuberculous and Non-tuberculous Sputum.

SECTION OF THERAPEUTICS AND PHARMACOLOGY, 4.30 p.m.—Discussion on the Non-operative Treatment of Malignant Disease, to be opened by Dr. T. J. Horder.

WEDNESDAY.

HUNTERIAN SOCIETY, St. Bartholomew's Hospital, 9 p.m.—Clinical and pathological evening.

THURSDAY.

ROYAL SOCIETY, Burlington House, W., 4.30 p.m.—The following are among the list of probable papers for reading:—John Homans, M.D.: The Relation of the Islets of Langerhans to the Pancreatic Acini under Various Conditions of Secretory Activity. Edward Mellanby: The Metabolism of Lactating Women. F. W. Edridge-Green, M.D.: (1) Colour Adaptation; (2) Trichromic Vision and Anomalous Trichromatism. W. E. Agar: Transmission of Environmental Effects from Parent to Offspring in Simocephalus. H. O. Feiss and W. Cramer: Contributions to the Histo-chemistry of Nerve; on the Nature of Wallerian Degeneration.

FRIDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF EPIDEMIOLOGY, 8.30 p.m.—Paper:—Dr. J. A. H. Brincker: Behaviour of Diphtheria in Schools.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN, 4.30 p.m.—(1) Cases and Specimens. (2) Papers:—Drs. Hugh Thursfield and H. W. Scott: A Case of Subaortic Stenosis. Dr. Crookshank: A Note on Mongolism.

POST-GRADUATE COURSES AND LECTURES.

BROMPTON HOSPITAL FOR CONSUMPTION, S.W.—Wednesday, 4.30 p.m., The Treatment and Complications of Pulmonary Tuberculosis.

CANCER HOSPITAL, Fulham Road, S.W.—Wednesday, 5 p.m., Cancer of the Rectum.

LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich.—Daily arrangements: Out-patient Demonstration, 10 a.m.; Medical and Surgical Clinics. Monday: 12 noon, Throat, Nose, and Ear; 2.15 p.m., Surgery; 3 p.m., Operations; 3.15 p.m., Medicine; 4.15 p.m., Ear and Throat. Tuesday: 12 noon, Skin; 2 p.m., Operations; 2.15 p.m., Surgery; 3.15 p.m., Medicine. Wednesday: 11 a.m., Eye; 2 p.m., Operations; 2.15 p.m., Medicine; 3.15 p.m., Eye Clinic; 4.30 p.m., Surgery. Thursday: 12 noon, Throat, Nose, and Ear; 2 p.m., Operations, Pathological Demonstration; 3.15 p.m., Medicine. Friday: 12 noon, Skin; 2 p.m., Operations; 2.15 p.m., Medicine; 3.15 p.m., Surgery. Saturday: 10 a.m., Radiography; 11 a.m., Eye. Special Lectures: Monday, 3.15 p.m.; Thursday, 4.30 p.m.

MANCHESTER ANCOATS HOSPITAL POST-GRADUATE CLINIC, Thursday, 4.15 p.m.—The Value of Various Symptoms, Physical Signs, and Methods of Examination in Dyspepsia.

MANCHESTER ROYAL INFIRMARY.—Tuesday, 4.30 p.m., Demonstration of Medical Cases. Friday, 4.30 p.m., Surgical Demonstration.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 22, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Ear, Nose, and Throat. Lectures at 5.15 p.m. each day will be given as follows: Monday, Malingering: Accidents and Sickness; Tuesday, Tuberculin Treatment of Ambulant Cases of Phthisis Pulmonalis; Wednesday, Psycho-Analysis. Thursday, Myopia and its Treatment.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m., Spinal Tumours. Friday, 3.30 p.m., Clinical Lecture.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Tuesday, 4.30 p.m., Opening Lecture of Spring Session by Dr. T. Lewis: Observations on Myocarditis. Wednesday, 2 p.m., Throat Operations; 2.30 p.m., Medical Out-patient: Skin and Eye Clinics: *X* Rays; 3 p.m., Pathological Demonstration; 5.30 p.m., Eye Operations. Thursday, 2.30 p.m., Gynaecological Operations. Clinics: Medical and Surgical Out-patient; 3 p.m., Medical In-patient; 4.30 p.m., Special Demonstration of Selected Medical Cases. Friday, 2.30 p.m., Operations; Clinics: Medical Out-patient, Surgical, Eye; 3 p.m., Medical In-patient; Pathological Demonstration.

SALFORD ROYAL HOSPITAL, Tuesday, 4.30 p.m.—Spinal Caries.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Medical and Surgical Clinics, *X* Rays, and Operations, 2 p.m. daily. Monday: Gynaecology, 10 a.m.; Demonstration of Minor Operations, 11 a.m.; Pathological Demonstration, 12 noon; Eye, 2 p.m. Tuesday: Gynaecological Operations, 10 a.m.; Surgical Registrar, 10.30 a.m.; Demonstration of Fractures, 12 noon; Throat, Nose, and Ear, 2 p.m.: Skin, 2 p.m. Wednesday: Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Medical Registrar, 10.30 a.m.; Lecture, Abdominal Diagnosis, 12 noon; Eye, 2 p.m.: Gynaecology, 2 p.m. Thursday: Gynaecological Demonstration, 10.30 a.m.; Lecture, Neurological Cases, 12.15 p.m.; Eye, 2 p.m.; Orthopaedics, 2 p.m. Friday: Gynaecological Operations, 10 a.m.; Lecture, Practical Medicine, 10.30 a.m.; Lecture, Clinical Pathology, 12.15 p.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Saturday: Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 10 a.m.; Surgical Registrar, 10.30 a.m.; Lecture, Surgical Anatomy of the Abdomen, 12 noon. Special Lectures at 5 p.m. daily.

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		JANUARY, 1913.
17	Fri.	London: **Special Representative Meeting, 9.30 a.m.,** Connaught Rooms, Great Queen Street, W.C.
		SPECIAL MEETING OF COUNCIL *immediately afterwards.*
		City Division, Metropolitan Hospital, Kingsland Road, 4 p.m.
20	Mon.	Greenwich and Deptford Division.
		Hampstead Division, Finchley Road, 8.15 p.m.
22	Wed.	London: Finance Committee, 2.30 p.m.
		Richmond Division, Richmond, 8.30 p.m.
		South Middlesex Division, Twickenham, 8.30 p.m.
29	Wed.	London: Council Meeting, 2 p.m.
31	Fri.	Birmingham Branch, Pathological and Clinical Section, Medical Institute, 8 p.m.
		Liverpool Division.
		FEBRUARY.
11	Tues.	London: Metropolitan Counties Branch, 4 p.m.
		South-West Essex Division, Whipps Cross Infirmary, 4 p.m.
		FEBRUARY (*continued*).
13	Thur.	Birmingham Branch, Medical Institute, 3.30 p.m.
14	Fri.	Hampstead Division, Finchley Road, 8.15 p.m.
19	Wed.	Richmond Division, Richmond, 8.30 p.m.
		South Middlesex Division, Twickenham, 8.30 p.m.
28	Fri.	Birmingham Branch, Pathological and Clinical Section, Medical Institute, 8 p.m.
		MARCH.
13	Thur.	Birmingham Branch, Medical Institute, 3.30 p.m.
		South-West Essex Division, Leyton, 4 p.m.
14	Fri.	Hampstead Division, Central Library, Finchley Road, 8.15 p.m.
19	Wed.	Richmond Division, Richmond, 8.30 p.m.
		South Middlesex Division, Twickenham, 8.30 p.m.
28	Fri.	Birmingham Branch, Pathological and Clinical Section, Medical Institute, 8 p.m.

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